

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 324573**

1. Entity Name  
**THE KENWOOD APARTMENTS, INC.**



Principal Place of Business  
**1960 NE 161ST STREET  
N MIAMI BEACH, FL 33162 US**

Mailing Address  
**KENWOOD APARTMENTS, INC  
5512 GOLDSBORO ROAD  
BETHESDA, MD 20817 US**



03172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1203089**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VPST
NAME	BURKE, F. WILLIAM
STREET ADDRESS	5512 GOLDSBORO ROAD
CITY - ST - ZIP	BETHESDA, MD 20817
TITLE	CP
NAME	BURKE, SUSAN B.
STREET ADDRESS	5512 GOLDSBORO ROAD
CITY - ST - ZIP	BETHESDA, MD 20817
TITLE	VP
NAME	BURKE, TAYLOR L.
STREET ADDRESS	5512 GOLDSBORO ROAD
CITY - ST - ZIP	BETHESDA, MD 20817
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/04/08-80024-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*KENWOOD APARTMENTS, INC.*  
*By: [Signature] V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**F. William BURKE**

Date

Daytime Phone #