

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718877

FILED  
Apr 01, 2011  
Secretary of State

**Entity Name:** KENDALLTOWN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10333 SOUTH WEST 76 STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10333 SOUTH WEST 76 STREET  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 59-1353211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIR  
STE 1102  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DOERR, MARGA  
Address: 10333 S.W. 76 STREET  
City-St-Zip: MIAMI, FL 33173

Title: DS  
Name: MYERS, SUSAN  
Address: 10333 S.W. 76 STREET  
City-St-Zip: MIAMI, FL

Title: D  
Name: BARKAS, HAL  
Address: 10333 SW 76 ST  
City-St-Zip: MIAMI, FL 33173

Title: DT  
Name: HANDSCOMBE, PETER  
Address: 10333 S.W. 76 STREET  
City-St-Zip: MIAMI, FL 33173

Title: VP  
Name: MANGANARO, CHARLES  
Address: 10333 S.W. 76 STREET  
City-St-Zip: MIAMI, FL 33173

Title: D  
Name: LIEBOWITZ, STEVE  
Address: 10333 S.W. 76 STREET  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARGA DOERR

PRES

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date