


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90004 015 ****61.25

DOCUMENT # 725849 1. Entity Name KENDALE LAKES VILLAS HOMES ASSOCIATION, INC.			
Principal Place of Business 13250 SW 135 AVE MIAMI, FL 33186 US		Mailing Address 13250 SW 135 AVE MIAMI, FL 33186 US	
2. Principal Place of Business <i>MENT</i> C/O LAKEVIEW MANAGE- Suite, Apt. #, etc. 13388 SW 128 ST City & State MIAMI, FL Zip Country 33186 US		3. Mailing Address <i>FAUC</i> SAME Suite, Apt. #, etc. City & State Zip Country 	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name David A. Kobrin, Esq. Street Address (P.O. Box Number is Not Acceptable) 8900 S.W. 107 Avenue, #206 City miami FL Zip Code 33176	
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 <i>[Signature]</i> DATE 6/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE V <input checked="" type="checkbox"/> Delete NAME ADLER, CAROL STREET ADDRESS 13828 KENDALE LAKES DR. CITY-ST-ZIP MIAMI, FL 33183	TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ADLER, CAROL A STREET ADDRESS 13828 KENDALE LAKES DRIVE CITY-ST-ZIP MIAMI, FL 33183		
TITLE S <input type="checkbox"/> Delete NAME BRITO, ZOILA STREET ADDRESS 13748 KENDALE LAKES DR. CITY-ST-ZIP MIAMI, FL 33183	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BRITO, ZOILA STREET ADDRESS 13748 KENDALE LAKES DR CITY-ST-ZIP MIAMI, FL 33183		
TITLE PD <input checked="" type="checkbox"/> Delete NAME GARCIA, PEDRO STREET ADDRESS 13800 KENDALE LAKES DR CITY-ST-ZIP MIAMI, FL 33183	TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VALERIE HOPPS STREET ADDRESS 13816 KENDALE LAKES DR CITY-ST-ZIP MIAMI, FL 33183		
TITLE D <input type="checkbox"/> Delete NAME REISER, EDITH STREET ADDRESS 13784 KENDALE LAKES DR CITY-ST-ZIP MIAMI, FL 33183	TITLE 1ST VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SHEEHAN, SOPHIE STREET ADDRESS 13762 KENDALE LAKES DR. CITY-ST-ZIP MIAMI, FL 33183		
TITLE SD <input checked="" type="checkbox"/> Delete NAME DIAMOND, ESTHER STREET ADDRESS 13846 KENDALE LAKES DR CITY-ST-ZIP MIAMI, FL 33183	TITLE Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Richard Keave STREET ADDRESS 15754 Kendale Lakes Drive CITY-ST-ZIP MIAMI, FL 33183		
TITLE TD <input checked="" type="checkbox"/> Delete NAME CURTIS, IRIS STREET ADDRESS 13848 KENDALE LAKES DR CITY-ST-ZIP MIAMI, FL 33183	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <i>[Signature]</i> Zoila Brito <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/26/04 (305) 347-4831 <small>Date Daytime Phone #</small>	

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4. FEI Number **59-1518833** Applied For ☐ Not Applicable ☐

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