

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90028 014 ****61.25

DOCUMENT # 725849

1. Entity Name
KENDALE LAKES VILLAS HOMES ASSOCIATION, INC.



Principal Place of Business
C/O LAKEVIEW MANAGEMENT INC
13388 SW 128 ST
MIAMI, FL 33186 US

Mailing Address
13250 SW 135 AVE
MIAMI, FL 33186 US

60045387

2. Principal Place of Business - No P.O. Box #
c/o Bonafide Mgmt
Suite, Apt. #, etc.
PO Box 521458
City & State
Miami, FL
Zip
33152 Country
U.S.

3. Mailing Address
c/o Bonafide Mgmt
Suite, Apt. #, etc.
PO Box 521458
City & State
Miami, FL
Zip
33152 Country
U.S.

4. FEI Number
59-1518833

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

6. Name and Address of Current Registered Agent
KOBIRIN, DAVID A ESQ
8900 SW 107 AVE
206
MIAMI, FL 33176

7. Name and Address of New Registered Agent
Name
Ricardo Russi
Street Address (P.O. Box Number is Not Acceptable)
5100 NW 72 Avenue
#127
City
Miami FL Zip Code
33122

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 Ricardo Russi 7/24/08

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

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	2VP FERNANDEZ-RUBIO, RAMON 13706 KENDALE LAKES DR MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ahan, Frederick 13918 Kendale Lakes Dr. Miami, FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, SOPHIE 13762 KENDALE LAKES DR MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sheehan, Sophie 13762 Kendale Lakes Dr. Miami, FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, BRUCE 13912 KENDALE LAKES DR MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Muriillo, Charmein 13712 Kendale Lakes Dr. Miami, FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Correa, Luz 13782 Kendale Lakes Dr. Miami, FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sophie Sheehan 13762 Kendale Lakes Dr. Miami, FL 33183 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Sophie Sheehan Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR