


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90089 022 ****70.00

40002

DOCUMENT # 729149					
1. Entity Name KENDALL ACRES WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13250 SW 135 AVE MIAMI FL, 33186		Mailing Address 13250 SW 135 AVE MIAMI FL, FL 33186			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1531464	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE/% LISA LERNER SUITE 1102 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	ALEXANDER, GEORGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISSBERG, CRAIG		NAME	8401 SW 107 AVE. 237E	
STREET ADDRESS	8401 SW 107 AVE., #157E		STREET ADDRESS	MIAMI FL 33173	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	PAADO, FRANCISCO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AQUILES, JIM		NAME	8415 SW 107 AVE. 305W	
STREET ADDRESS	8401 SW 107 AVE, 332E		STREET ADDRESS	MIAMI, FL 33173	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	BRANDES, MIRIAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUCIOS, OLGA		NAME	8401 SW 107 AVE. 310W	
STREET ADDRESS	8415 SW 107 AVE ,233W		STREET ADDRESS	MIAMI, FL 33173	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILEY, ROBERT		NAME		
STREET ADDRESS	8415 SW 107 AVE , 333W		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, JANET		NAME		
STREET ADDRESS	8401 SW 107 AVE # 275E		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTON, LUCKY		NAME		
STREET ADDRESS	8415 SW 107 AVENUE, # 271 W		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
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: <i>J. Aquil</i>		TREASURER		Date _____ Daytime Phone # _____	