2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-05-2006 90153 014 ****61.25

DOCUMENT # 730178

1. Entity Name
PROMENADE AT KENDALE LAKES CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
14325 NORTH KENDALL DRIVE CLUBHOUSE ONE MIAMI, FL 33186 US	14325 NORTH KENDALL DRIVE CLUBHOUSE ONE MIAMI, FL 33186 US

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03232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1654975
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, JESUS R CAM
11936 SW 8 STREET
MIAMI, FL 33184

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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 _____ DATE
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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P D
NAME	GISBERT, MICHAEL PRES
STREET ADDRESS	14525 SW 88 STREET # J-405
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	T D
NAME	BOYER, FRANCOISE TRES
STREET ADDRESS	14525 SW 88 STREET # J-310
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP D
NAME	SALAS, JUAN P V.P.
STREET ADDRESS	14211 SW 88 STREET # E-206
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	S D
NAME	ESCALANTE, CLAUDIA SEC.
STREET ADDRESS	14401 SW 88 STREET # N-409
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/18/06 Pres. 305-387-4080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #