## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#730178** 

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33186

MIAMI, FL 33186

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ESCALANTE, CLAUDIA SEC.

14401 SW 88 STREET # N-409

FILED Jan 14, 2009 Secretary of State

Entity Name: PROMENADE AT KENDALE LAKES CONDOMINIUM, INC.

**Current Principal Place of Business: New Principal Place of Business:** 14325 NORTH KENDALL DRIVE CLUBHOUSE ONE MIAMI, FL 33186 **New Mailing Address: Current Mailing Address:** 14325 NORTH KENDALL DRIVE CLUBHOUSE ONE MIAMI, FL 33186 FEI Number: 59-1654975 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, JESUS R CAM GISBERT, MICHAEL 11936 SW 8 STREET 14325 NORTH KENDALL DRIVE MIAMI, FL 33184 CLUBHOUSE ONE MIAMI, FL 33186 US 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: MICHAEL GISBERT 01/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PD () Change () Addition () Delete GISBERT, MICHAEL PRES Name: Name: 14525 SW 88 STREET # J-405 Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: BOYER, FRANCOISE TRES Name: Address: 14525 SW 88 STREET # J-310 Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: VP D () Delete Title: VP D (X) Change ( ) Addition SALAS, JUAN PV.P. Name: CHIO, JENNIFER V.P. Name: 14211 SW 88 STREET # E-206 14211 SW 88 STREET # E-110 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33186

() Change () Addition

SIGNATURE: MICHAEL GISBERT PRES 01/14/2009