


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 735876 1. Entity Name BIRD-KENDALL HOMEOWNERS' ASSOCIATION, INC.	
--	---

Principal Place of Business 11840 SW 47 STREET MIAMI, FL 33175-4902	Mailing Address 11840 SW 47 STREET MIAMI, FL 33175-4902
---	---

DO NOT WRITE IN THIS SPACE



02272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1765654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEEKS, RON
11840 SW 47 STREET
MIAMI, FL 33175-4902

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PONCE, DAGNEY 12120 SW 47TH ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, MICHAEL 11923 SW 45TH ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, MANNY 3620 SW 108 CT. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFF, CHARLOTTE 6901 SW 125 AVE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEEKS, RON 11840 S.W. 47 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADWELL, RICHARD 12150 SW 45TH ST MIAMI, FL 33175

U00000253984
03/07/05-80057-001 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ron Weeks Ron Weeks 2/28/05 305-226-7264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #