

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741368

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** THE KETTLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3154 MARY ST.  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

3154 MARY ST.  
COCONUT GROVE, FL 33133 US

**New Mailing Address:**

**FEI Number:** 59-1788864      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARRICK, BRUCE A  
3154 MARY ST.  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: DARMENDRAIL, MARIE BLANCHE  
Address: 3152 MARY STREET  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: PD ( ) Delete  
Name: CARRICK, BRUCE  
Address: 3154 MARY STREET  
City-St-Zip: MIAMI, FL 33133 US

Title: D ( ) Delete  
Name: GUSMAN, BRUCE  
Address: 3150 MARY STREET  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: TD ( ) Delete  
Name: HARRISON, REGINALD W  
Address: 3148 MARY STREET  
City-St-Zip: COCONUT GROVE, FL 33133 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: BRUCE A CARRICK

PD

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date