

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

03-21-2007 90035 035 ****61.25

DOCUMENT #742920			
1. Entity Name THE TOWNHOUSES AT KILLIAN PINES ASSOCIATION, INC.			
Principal Place of Business C/O MIAMI MANAGEMENT 14275 S.W. 142ND AVENUE MIAMI, FL 33186 US		Mailing Address C/O MIAMI MANAGEMENT 14275 S.W. 142ND AVENUE MIAMI, FL 33186 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01042007		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1849886		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HYMAN, MICHAEL L HYMAN & KAPLAN, P.A. 44 W. FLAGLER ST., 4TH FL SOUTHOUSE TOWER MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Carlos Triay Street Address (P.O. Box Number is Not Acceptable) 3750 NW 87 Ave Suite 100 City Miami FL Zip Code 33178	
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 <u>Carlos Triay</u>		DATE <u>1/4/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WESTFALL, JOHN 11302 SW 115 TERR. MIAMI, FL 33178 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRESIDENT Ellen Mirowitz 11299 SW 116 Ter. Miami FL 33186 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MCLELLAN, MONICA 11575 SW 112 AVE MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VICE PRESIDENT Paula Knowlton 11276 SW 116 Ter. Miami FL 33186 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S WEGLARZ, DOREC 11332 SW 115 TER MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AL SBROLLA, BETTIE W 11320 SW 115 TER MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 fee empowered.			
SIGNATURE: <u>Ellen Mirowitz</u>		DATE <u>1/4/07</u> 305-258-1440	