2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 744260

Entity Name: THE GARDENS OF KENDALL CONDOMINIUM NO. 2, ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE CONTINENTAL GROUP INC.
11981 SW 144 CT., STE 201
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

C/O THE CONTINENTAL GROUP INC.
11981 SW 144 CT., STE 201
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-1845646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKRLD INC.
201 AIHAMBRA CIR.
SUITE 1102
CORAL GABLES, FL 33134 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: P ( ) Delete
Name: LEVIN, VEDA
Address: 10525 SW 112 AVE # 208
City-St-Zip: MIAMI, FL 33176

Title: VPS ( ) Delete
Name: MAY, LINDA
Address: 10525 SW 112 AVE., #304
City-St-Zip: MIAMI, FL 33176

Title: T ( ) Delete
Name: FOLEY, WINIFRED J
Address: 10525 SW 112 AVE
City-St-Zip: MIAMI, FL 33176

Title: N ( ) Delete
Name: LIMA, ROSARIO J
Address: 10525 SW 112 AVE
City-St-Zip: MIAMI, FL 33176

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 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: VEDA M. LEVIN P 01/19/2009

Electronic Signature of Signing Officer or Director — Date