

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747387

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE GARDENS OF KENDALL CONDOMINIUM NO. 5 ASSOCIATION, INC.

Current Principal Place of Business:

10975 S.W. 107 ST
MIAMI, FL 33176 US

New Principal Place of Business:

10975 S.W. 107 STREET
MIAMI, FL 33176 US

Current Mailing Address:

18001 OLD CUTLER RD.
SUITE 521
PALMETTO BAY, FL 33157 US

New Mailing Address:

13055 SW 42 STREET
SUITE 203
MIAMI, FL 33175 US

FEI Number: 59-1908957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

T & G MANAGEMENT SERVICES, INC.
18001 OLD CUTLER RD.
SUITE 509
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

DALE C GLASSFORD, ESQ.
12928 SW 133 COURT
A
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: DALE C GLASSFORD

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANGELOTTI, JASON
Address: 10975 SW 107 STREET
City-St-Zip: MIAMI, FL 33176

Title: VPD () Delete
Name: KYSKIW, LINDA
Address: 10975 SW 107 ST
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: TORRES, ANNETTE
Address: 10975 SW 107
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete
Name: GUANCHE, NORMA
Address: 10975 S.W. 107 ST
City-St-Zip: MIAMI, FL 33176

Title: SD (X) Delete
Name: GALLO, JUAN M
Address: 10975 SW 107 ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANGELOTTI, JASON
Address: 10790 SW 88 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: VPD (X) Change () Addition
Name: MYSKIW, LINDA
Address: 10975 SW 107 ST #303
City-St-Zip: MIAMI, FL 33176

Title: T (X) Change () Addition
Name: TORRES, ANNETTE
Address: 10975 SW 107 ST #203
City-St-Zip: MIAMI, FL 33176

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: JASON ANGELOTTI

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date