2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Mar 22, 2004 8:00 am Secretary of State

DOCUMENT # 754871 1. Entity Name KENDALL TRACE CONDOMINIUM ASSOCIATION, INC.						03-22-200	4 90025 002 ****	61.25
Principal Place 12301 SW 13 MIAMI, FL 33	2 CT. 13	ng Address 01 SW 132 CT. MI, FL 33186 US			54020296			
2. Principal Place of Business 3. Mail		ailing Address					1774	
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	uite, Apt. #, etc.		02142004	Chg-NP	CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2168	688		oplied For	
Zip	Country	Zìp	Country			f Status Desired	□ \$8.75 Add Fee Require	litional
	6,_Name and Address of Current Regis	tered Agent			7. Name and A	ddress of New F	Registered Agent	
COLVIN CLEN				Name				
COLVIN, GLEN 13388 SW 128 STREET MIAMI, FL 33186				Street Address (P.O. Box Number is Not Acceptable)				
			C	Sity			FL Zip Cod	e
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, 2004 9. Election Car Trust Fund C								
10.	OFFICERS AND DIRECTO		11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTORS IN	V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REO, JESSICA 7757 SW 100 STREET MIAMI, FL	Delete	TITLE NAME STREET A	DDRESS ZIP PD	senberg,	Randy 99 St.	∠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEY, PENNI 7731 SW 100 STREET MIAMI, FL	Delete	TITLE NAME STREET A CITY-ST-	DORESS S	nad, Ja 1742 31 Niami,	D 99 5	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEIZNER, GINNY 7744,SW 99.ST MIAMI, FL	☐ Delete	TITLE NAMESTREET A CITY-ST-	S (DDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EISENBERG, RANDY 7742 SW 99 STREET MIAMI, FL	☐ Delete	TITLE NAME STREET A	DDRESS	<u>(Carrer)</u>		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAD, JAN 7700 SW 99 ST. MIAMI, FL	☐ Delate	TITLE NAME STREET A CITY-ST				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	- ZIP	12007(0)) Florido Ctat	Change	Addition

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

305 625-9600