


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90066 050 ****61.25

DOCUMENT # 755811					
1. Entity Name THE GARDENS OF KENDALL SOUTH PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business % ZIMMERMAN & ALZATE 13320 SW 128TH STREET MIAMI, FL 33186			Mailing Address % ZIMMERMAN & ALZATE 13320 SW 128TH STREET MIAMI, FL 33186		
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	4. FEI Number 59-2066717	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIMMERMAN, MICHAEL J % ZIMMERMAN & ALZATE 13320 SW 128TH STREET MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD	NAME HUDSON, RUTH	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME CRESPO, ROBERTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10825 SW 112 AVE. # 110	MIAMI, FL 33186		STREET ADDRESS 10845 SW 112 AVE # 217	MIAMI, FL 33176	
TITLE PD	NAME FERNANDEZ, NORMA	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME FERNANDEZ, NORMA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10855 SW 112 AVE. # 313	MIAMI, FL 33176		STREET ADDRESS 10855 SW 112 AVE # 313	MIAMI, FL 33176	
TITLE VPD	NAME CRESPO, ROBERTO	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME CHURCHILL, GAIL M.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10845 SW 112 AVE. # 217	MIAMI, FL 33176		STREET ADDRESS 10845 SW 112 AVE. # 112	MIAMI, FL 33176	
TITLE S	NAME PECK, STACY	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10875 SW 112 AVE. #112	MIAMI, FL 33176		STREET ADDRESS 	MIAMI, FL 33176	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME JOSE M. BORRO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	MIAMI, FL 33176		STREET ADDRESS 10835 SW 112 Ave. #310	MIAMI, FL 33176	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	MIAMI, FL 33176		STREET ADDRESS 	MIAMI, FL 33176	
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 like empowered.					
SIGNATURE: <i>Gail Churchill</i>			3/26/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		