



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90186 015 ****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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2066717	
Zip		Country		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	
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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	TD CHURCHILL, GAIL M 10865 S.W. 112 AVE #112 MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN LABAT 10845 S.W. 112 AVE #212 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, NORMA 10855 SW 112 AVE. # 313 MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGER CALMET 10825 S.W. 112 AVE #203 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRESPO, ROBERTO 10845 SW 112 AVE. # 217 MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIA MANO #216 10875 S.W. 112 AVE MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PECK, STACY 10875 SW 112 AVE. #112 MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARA VENTURA 10855 S.W. 112 AVE #101 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORRO, JOSE M 10835 SW 112 AVE #310 MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD
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>Joe M. Borro</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-2808 (305) 234-2169 <small>Date Daytime Phone #</small>	