

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90064 043 ****61.25

DOCUMENT # 756275	
1. Entity Name KENLAND BEND NORTH CONDOMINIUM, INC.	

Principal Place of Business PROPERTY MANAGEMENT SERV 8299 CORAL WAY MIAMI, FL 33155 US	Mailing Address PROPERTY MANAGEMENT SERV 8299 CORAL WAY MIAMI, FL 33155 US
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
CARIBBEAN PROPERTY MANAGEMENT, INC 12301 SW 132 CT MIAMI, FL 33186

7. Name and Address of New Registered Agent		
Name	CARLETO PARDO	
Street Address (P.O. Box Number is Not Acceptable)	9860 SW 123 CT, 1402	
City	MIAMI	FL
Zip Code	33186	

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.

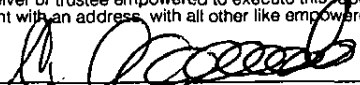
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ASON, MARINA 8850 SW 123 CT H308 MIAMI, FL 33186 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'REILLY, JACK 8850 SW 123 CT #H-13 MIAMI, FL 33186 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAREDES, BENITO 8810 SW 123 CT #M-406 MIAMI, FL 33186 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOLLA, CARMITA 8850 SW 123 CT MIAMI, FL 33186 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, EMELY 8850 SW 123 CT MIAMI, FL 33186 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PARDO, CARLETO 9860 SW 123 CT, 1402 MIAMI, FL 33186 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **07/20/05 78639880**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #