


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90013 010 \*\*\*\*61.25

<b>DOCUMENT # 756296</b> 1. Entity Name <b>THE GARDENS OF KENDALL SOUTH CONDOMINIUM NO. 3 ASSOCIATION, INC.</b>																																																																																															
Principal Place of Business <b>% ZIMMERMAN &amp; ALZATE 13320 S.W. 128TH STREET MIAMI, FL 33186</b>			Mailing Address <b>% ZIMMERMAN &amp; ALZATE 13320 S.W. 128TH STREET MIAMI, FL 33186</b>																																																																																												
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  <b>ZIMMERMAN, MICHAEL %ZIMMERMAN &amp; ALZATE 13320 S.W. 128TH ST. MIAMI, FL 33186</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																															
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD FERNANDEZ, NORMA</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">10855 SW 112TH AVE #311</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33176</td> </tr> <tr> <td>TITLE</td> <td>DT AMAYA, HELENA</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">10855 SW 112TH AVE #317</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33176</td> </tr> <tr> <td>TITLE</td> <td>DS BULLER, SHAWN</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1085 SW 112TH AVE #115</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33176</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DT Laura La Ventura</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">10855 SW 112 AVE #309</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Miami, FL 33176</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	PD FERNANDEZ, NORMA	<input type="checkbox"/> Delete	STREET ADDRESS	10855 SW 112TH AVE #311		CITY-ST-ZIP	MIAMI, FL 33176		TITLE	DT AMAYA, HELENA	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	10855 SW 112TH AVE #317		CITY-ST-ZIP	MIAMI, FL 33176		TITLE	DS BULLER, SHAWN	<input type="checkbox"/> Delete	STREET ADDRESS	1085 SW 112TH AVE #115		CITY-ST-ZIP	MIAMI, FL 33176		TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	DT Laura La Ventura	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	10855 SW 112 AVE #309		CITY-ST-ZIP	Miami, FL 33176		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD FERNANDEZ, NORMA	<input type="checkbox"/> Delete																																																																																													
STREET ADDRESS	10855 SW 112TH AVE #311																																																																																														
CITY-ST-ZIP	MIAMI, FL 33176																																																																																														
TITLE	DT AMAYA, HELENA	<input checked="" type="checkbox"/> Delete																																																																																													
STREET ADDRESS	10855 SW 112TH AVE #317																																																																																														
CITY-ST-ZIP	MIAMI, FL 33176																																																																																														
TITLE	DS BULLER, SHAWN	<input type="checkbox"/> Delete																																																																																													
STREET ADDRESS	1085 SW 112TH AVE #115																																																																																														
CITY-ST-ZIP	MIAMI, FL 33176																																																																																														
TITLE		<input type="checkbox"/> Delete																																																																																													
STREET ADDRESS																																																																																															
CITY-ST-ZIP																																																																																															
TITLE		<input type="checkbox"/> Delete																																																																																													
STREET ADDRESS																																																																																															
CITY-ST-ZIP																																																																																															
TITLE		<input type="checkbox"/> Delete																																																																																													
STREET ADDRESS																																																																																															
CITY-ST-ZIP																																																																																															
TITLE	DT Laura La Ventura	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																													
STREET ADDRESS	10855 SW 112 AVE #309																																																																																														
CITY-ST-ZIP	Miami, FL 33176																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																													
STREET ADDRESS																																																																																															
CITY-ST-ZIP																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																													
STREET ADDRESS																																																																																															
CITY-ST-ZIP																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																													
STREET ADDRESS																																																																																															
CITY-ST-ZIP																																																																																															
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.																																																																																															
<b>SIGNATURE:</b> <u>Norma Fernandez PRES</u> <span style="float: right;">1/14/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																															