


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90258 025 ****61.25

DOCUMENT # 757283					
1. Entity Name THE GARDENS OF KENDALL SOUTH CONDOMINIUM NO. 7 ASSOCIATION, INC.					
Principal Place of Business 10815 SW 112 AVE MIAMI, FL 33176 US			Mailing Address C/O ZIMMERMAN & ALZATE 13320 SW 128 ST MIAMI, FL 33186 US		
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 59-2147871	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZIMMERMAN, MICHAEL J CPA 13320 SW 128TH ST C/O ZIMMERMAN & ALZATE MIAMI, FL 33186			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 re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 PD NAME DAVIS, ROBERT STREET ADDRESS 18015 SW 112 AVE # 116 CITY- ST- ZIP MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE PD NAME ATANAEI MARTINEZ STREET ADDRESS 10815 S.W. 112 AVE #218 CITY- ST- ZIP MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME COLON, ELSA STREET ADDRESS 18015 SW 112 AVE, #107 CITY- ST- ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE SD NAME 10815 S.W. 112 AVE #107 STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SKIPPER, JUDITH STREET ADDRESS 18015 SW 112 AV CITY- ST- ZIP MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME SILVERADO CARUJAL STREET ADDRESS 10815 S.W. 112 AVE #117 CITY- ST- ZIP MIAMI, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME DAVIS, ROBERT L STREET ADDRESS 18015 SW 112 AVE, #116 CITY- ST- ZIP MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE TD NAME EDWARD KUNKEL STREET ADDRESS 10815 S.W. 112 AVE #208 CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME MARTINEZ, ATANREL STREET ADDRESS 18015 SW 112 AVE # 218 CITY- ST- ZIP MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE Michel Proenza NAME 10815 S.W. 112 AVE # 214 STREET ADDRESS MIAMI FL 33176 CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 04-11-07 <small>Daytime Phone #</small>		