


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90014 031 ****61.25

DOCUMENT # 758183

1. Entity Name
KENDALL CROSSINGS WAREHOUSE CENTER CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
**12201-12231 SW 131 AVE
 MIAMI, FL 33156 US**

Mailing Address
**KCWC (C/O OCEAN MGMT)
 POST OFFICE BOX 1741
 MIAMI, FL 33283 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip **33186** Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40042000



02272008 Chg-NP CR2E037 (12/06)

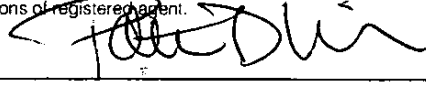
4. FEI Number
59-2144942 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VIANI, PATRICIA
 12219 SW 131 AVENUE
 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  DATE **2/28/2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BLECK, JANET	
STREET ADDRESS	12229 SW 131 AVE.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEREZ, GEORGE	
STREET ADDRESS	12231 SW 131 AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	VIANI, PAT	
STREET ADDRESS	12219 SW 131 AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOTTEBAUM, JEFF	
STREET ADDRESS	12219 SW 131 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REAVES, ED	
STREET ADDRESS	12225 SW 131 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANOFF, ED	
STREET ADDRESS	12205 SW 131 AVE	
CITY-ST-ZIP	MIAMI FL 33186	

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 another like empowered.

SIGNATURE:  **PATRICIA D. VIANI, SECY** DATE **2/28/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADDITIONAL DIRECTORS

ATTACHMENT 40042628
#758183

TITLE: D (ADDITION)
NAME: DUFFIE, CHARLIE
STREET ADDRESS: 12215 SW 131 AVE
CITY - ST- ZIP: MIAMI, FL 33186

TITLE: D (ADDITION)
NAME: SORTHUM, LINEA
STREET ADDRESS: 12209 SW 131 AVE
CITY - ST- ZIP: MIAMI, FL 33186