

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

22

DOCUMENT # 758183 1. Entity Name KENDALL CROSSINGS WAREHOUSE CENTER CONDOMINIUM ASSOCIATION, INC.	
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FILED

09 FEB 19 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



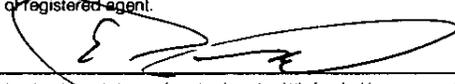
01052009 Chg-NP CR2E037 (11/08)

Principal Place of Business 12201-12231 SW 131 AVE MIAMI, FL 33186 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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2144942	Applied For <input type="checkbox"/> Not Applicable
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	
VIANI, PATRICIA 12219 SW 131 AVENUE 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  _____ DATE _____

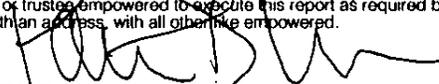
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2009	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
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PEREZ, GEORGE
STREET ADDRESS	12231 SW 131 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD <input type="checkbox"/> Delete
NAME	VIANI, PAT
STREET ADDRESS	12219 SW 131 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	PD <input type="checkbox"/> Delete
NAME	NOTTEBAUM, JEFF
STREET ADDRESS	12219 SW 731 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VD <input type="checkbox"/> Delete
NAME	REAVES, ED
STREET ADDRESS	12225 SW 131 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	TD <input type="checkbox"/> Delete
NAME	GRANOFF, ED
STREET ADDRESS	12205 SW 131 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLIE DUFFIE
STREET ADDRESS	12215 SW 131 AV
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #