

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90036 017 \*\*\*\*61.25

<b>DOCUMENT # 762701</b>	
1. Entity Name <b>KENLAND COURT HOMEOWNERS ASSOCIATION, INC.</b>	



Principal Place of Business <b>14275 SW 142 AVENUE MIAMI, FL 33186</b>	Mailing Address <b>9312 SW 123 COURT MIAMI, FL 33186</b>
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40063234



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

03282008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2192417</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>KOBRIN, DAVID A ESQ. 8900 S.W. 107 AVENUE, SUITE 206 MIAMI, FL 33176</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE <b>Manny Acosta - Pres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>OATMEYER, THOMAS</b>		NAME <b>14275 SW 142 Ave</b>	
STREET ADDRESS <b>12394 SW 94 LANE</b>		STREET ADDRESS <b>Mia FL. 33186</b>	
CITY-ST-ZIP <b>MIAMI, FL 33186</b>		CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> Delete	TITLE <b>Pres. Carlos Wasenborg</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEISENBERG, CARLOS</b>		NAME <b>14275 SW 142 Ave</b>	
STREET ADDRESS <b>12344 SW 94TH AVE</b>		STREET ADDRESS <b>Mia FL. 33186</b>	
CITY-ST-ZIP <b>MIAMI, FL 33186</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RIOS, BEATRICE</b>		NAME	
STREET ADDRESS <b>9323 SW 123 AVE COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33186</b>		CITY-ST-ZIP	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOONEY, JOHN</b>		NAME	
STREET ADDRESS <b>9425 SW 124 PL</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33186</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSENBAUM, MARGARET</b>		NAME	
STREET ADDRESS <b>12380 SW 94 LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33186</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: T.F. Oatmeyer, Secretary 4/1/08 35-598-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #