

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90255 003 ****61.25

DOCUMENT # 763757

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



Principal Place of Business
 12150A SW 131 AVE.
 MIAMI, FL 33186 US

Mailing Address
 7885 SW 108 ST
 MIAMI, FL 33156

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 831741
 Suite, Apt. #, etc.

City & State
 MIAMI FL.

Zip
 33283

Country



02102005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2369570

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 OCEAN MANAGEMENT INVESTMENTS CORP.
 C/O EDGARD FONSECA
 12350 SW 132 CT #211
 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 
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


Filing Fee is \$61.25 Due by May 1, 2005

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAWYER, JOHN			NAME			
STREET ADDRESS	12168 SW 131 AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUCH, PETER			NAME			
STREET ADDRESS	12180 SW 131 AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTLEY, CHARLES			NAME			
STREET ADDRESS	10521 SW 118 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33173			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			
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			
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 exemption stated in Section 119.07(3)(i), 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:  Date: 2/20/05 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR