


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # 769184 1. Entity Name ARBORGATE AT KENDALL LAKES EAST, CONDOMINIUM NO 73 ASSOCIATION INC.	
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Principal Place of Business 13550 AND 13552 SW 64TH LANE MIAMI, FL 33183 US	Mailing Address 13550 AND 13552 SW 64TH LANE MIAMI, FL 33183 US
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DO NOT WRITE IN THIS SPACE



03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RAMIREZ, BALTAZAR
13550 SW 64TH LANE
MIAMI, FL 33183**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, BALTAZAR 13550 SW 64TH LANE MIAMI, FL 33183
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEDASSE, LOVELL 13552 SW 64TH LANE MIAMI, FL 33183
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDASSE, DOROTHY 13552 S.W. 64TH LN. MIAMI, FL 33183
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000864366
04/07/08-80004-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Baltazar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03132008

Date

Daytime Phone

(305) 3830458