

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

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 770159

1. Entity Name

**KENDALL LAKES EAST PATIO CONDOMINIUM
ASSOCIATION INC.**



Principal Place of Business

**13250 SW 135 AVE.
MIAMI, FL 33186**

Mailing Address

**13250 SW 135 AVE.
MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



03182008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2044050

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARIAS, MARIA V ESQ.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134**

**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
**S/D
JANE, MANUEL
6225 SW 136 COURT C-209
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHANKEN, MADELINE
6225 SW 136 CT., C104
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
SARMIENTO, CRISTIAN
6278 SW 136 CT F201
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000889425
04/22/08-80054-004 70.00

**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:

Madeline Shanken

Madeline Shanken

3/31/08

305/386-1868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #