

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00302

FILED
Apr 23, 2009
Secretary of State

Entity Name: KENDALL LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1580 NW 3RD AVE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1437
POMPANO BEACH, FL 33061 US

New Mailing Address:

FEI Number: 59-2371989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, WILLIE J
1915 N W 5TH WAY
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CAMERON, WILLIE J
Address: 1915 N W 5TH WAY
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: P () Delete
Name: THOMAS, HAROLD
Address: 465 NW 18TH COURT
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: VD () Delete
Name: DESHIELDS, JOHN
Address: 324 N.W 16 CT
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: S () Delete
Name: PHILLIPS, MARY
Address: 384 N W 19TH STREET
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D () Delete
Name: JACKSON, CYNTHIA
Address: 321 NW 16TH COURT
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D () Delete
Name: SANDFORD, PATRICIA
Address: 337 NW 19TH COURT
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE J. CAMERON

TD

04/23/2009

Electronic Signature of Signing Officer or Director

Date