

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**



**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90013 045 \*\*\*\*61.25

40008430



01062006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N03000004932</b> 1. Entity Name <b>KENDALL BREEZE WEST HOMEOWNERS' ASSOCIATION, INC</b>			
Principal Place of Business 7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126		Mailing Address 7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126	
2. Principal Place of Business 300 Dragon Suite, Apt. #, etc. Suite 210 City & State Coral Gables, FL Zip 33134 Country		3. Mailing Address 300 Dragon Suite, Apt. #, etc. Suite 210 City & State Coral Gables, FL Zip 33134 Country	
4. FEI Number 20-0732179		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICE, SHERYL 7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: Gabtes Professional Street Address (P.O. Box Number is Not Acceptable): 300 Dragon Suite 210 City: Coral Gables FL Zip Code: 33134	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DPT RICE, SHERYL S 7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GONZALEZ, JESSICA 7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PICO, BARBARA 7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 1/26/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	