


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90082 025 ****61.25

DOCUMENT # N03000004932			
1. Entity Name KENDALL BREEZE WEST HOMEOWNERS' ASSOCIATION, INC			
Principal Place of Business 300 DRAGON SUITE 210 MIAMI, FL 33134		Mailing Address 300 DRAGON SUITE 210 MIAMI, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04152008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 20-0732179	
		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		7. Name and Address of New Registered Agent	
GABLES PROFESSIONAL 300 DRAGON SUITE 210 MIAMI, FL 33126		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 _____ (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. <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	P <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, DAMITA	NAME	Monteiro, Jameson
STREET ADDRESS	13750 SW 116-LELL	STREET ADDRESS	11724 SW 137 PATH
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, ERIC	NAME	Olew, Alex
STREET ADDRESS	13804 114-LELL	STREET ADDRESS	11753 SW 137 PATH
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	MIAMI, FL 33186
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTERROSAS, LASALBA	NAME	MONTERROSAS ROSALBA
STREET ADDRESS	11361 SW 137 PLACE	STREET ADDRESS	11361 SW 137 PLACE
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	MIAMI, FL 33186
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ANGELOTTI, ANETTE
STREET ADDRESS		STREET ADDRESS	11755 SW 138 AVE.
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33186
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SOELO, VIOLETTE
STREET ADDRESS		STREET ADDRESS	11825 SW 138 AVE.
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33186
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MAN NERS. JOSEPH
STREET ADDRESS		STREET ADDRESS	13780 SW 116 TERR.
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33186
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 _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			