

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 01, 2004 8:00 am
Secretary of State

10-01-2004 90001 044 ****61.25

DOCUMENT # N03000008279					
1. Entity Name KEN MAE GARDEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129			Mailing Address 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		09092004 Chg-NP CR2E037 (10/03)	
4. EEI Number 20-1681259				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			7. Name and Address of New Registered Agent		
MIAMI CORPORATE REGISTRY 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129			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 _____ <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 September 8, 2004		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	D GUTMAN, JORGE 17291 SW 12TH STREET PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 13900 MUSTANG TRAIL SOUTHWEST ANCHES FL 33330	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORZTEY, PATRICIA 17291 SW 12TH STREET PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 13900 MUSTANG TRAIL SOUTHWEST ANCHES FL 33330	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESU, JORGE L 1925 BRICKELL AVENUE SUITE D205 MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			9-29-04 305-874-6363		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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