2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# N03498

Entity Name: GOLFVIEW TOWNHOMES AT KENDALE LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14215 SW 57 LN
MIAMI, FL 33183 US

New Principal Place of Business:

Current Mailing Address:

14215 S.W. 57TH LANE
MIAMI, FL 33183 US

New Mailing Address:

FEI Number: 59-2820256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLACE
10TH FLR
MIAMI, FL 33134 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: TRUEBA, PABLO
Address: 14202 SW 57 LN
City-St-Zip: MIAMI, FL 33183

Title: PD ( ) Delete
Name: SALINI, LUIS
Address: 14206 SW 57 LN
City-St-Zip: MIAMI, FL 33183

Title: S ( ) Delete
Name: HENRIQUEZ, NANETTE J
Address: 14208 SW 57 LN.
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: HECTOR, RIVERA JR.
Address: 14225 SW 57 LN #3
City-St-Zip: MIAMI, FL 33183

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:

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: SALINI LUIS PD 02/15/2009

Electronic Signature of Signing Officer or Director — Date