


AMENDED ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 AMENDED ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05729

1. Corporation Name

TREASURE OF KENDALL CONDOMINIUM ASSOCIATION INC.

2. Principal Office Address

13673 S.W 62nd St

Suite, Apt. #, etc.

104

City & State

MIAMI, FL

Zip

33183

Country

DADE

3. Mailing Office Address

4445 W 16 Ave

Suite, Apt. #, etc.

308

City & State

HIALEAH FL

Zip

33012

Country

DADE

FILED

07 AUG 20 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2630248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GUERRA, JOSE

Street Address (P.O. Box Number is Not Acceptable)

13671 S.W 62nd St

Suite, Apt. #, Etc.

104

City

MIAMI

State

FL

Zip Code

33183

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

8-15-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GUERRA, JOSE	13671 S.W 62nd St # 104	MIAMI, FL. 33183
SD	DONATE, GLADYS	13671 S.W 62nd St # 102	MIAMI, FL. 33183
TD	PAPADELIS, ANNE	13673 S.W 62nd ST # 106	MIAMI, FL. 33183
D	GRULLON, SONIA	13673 S.W 62nd ST # 105	MIAMI, FL. 33183

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-07

Date

305-823-1201

Daytime Phone #