

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05729

FILED
Apr 02, 2009
Secretary of State

Entity Name: TREASURE OF KENDALL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13673 SW 62ND ST
104
MIAMI, FL 33183 US

New Principal Place of Business:

Current Mailing Address:

4445 WEST 16TH AVE
SUITE 308
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 59-2630248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRULLON, SONIA
13673 S.W. 62ND ST.
#105
MIAMI, FL 33183 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: P () Delete
Name: GRULLON, SONIA
Address: 13673 S.W. 62ND ST #105
City-St-Zip: MIAMI, FL 33183

Title: SD () Delete
Name: DONATE, GLADYS
Address: 13671 S.W. 62ND ST. #102
City-St-Zip: MIAMI, FL 33183

Title: SD () Delete
Name: GLADYSS, DONATE
Address: 13671 S.W. 62 ST #102
City-St-Zip: MIAMI, FL 33183

Title: D (X) Delete
Name: PAPADELIS, ANNE
Address: 13673 S.W. 62ND ST #106
City-St-Zip: MIAMI, FL 33183 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PAPADELIS, ANNE
Address: 13673 SW 62ND ST # 106
City-St-Zip: MIAMI, FL 33183 US

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: SONIA GRULLON

RN

04/02/2009

Electronic Signature of Signing Officer or Director

Date