


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90048 012 ****61.25

DOCUMENT # N09161 1. Entity Name ARBORGATE PATIO HOMES AT KENDALL LAKES EAST, HOMEOWNERS' ASSOCIATION INC.					
Principal Place of Business COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI, FL 33186 US			Mailing Address COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box # % C R Management & Inv. Suite, Apt. #, etc. 435 SW 123 Avenue City & State Miami, FL Zip 33184 Country USA		3. Mailing Address % C R Management & Inv. Suite, Apt. #, etc. 435 SW 123 Avenue City & State Miami, FL Zip 33184 Country USA		4082008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2843564 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 SKRLD, INC. 201 ALHAMBRA CIRCLE STE. 1102 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name C R Management & Investments Inc. Street Address (P.O. Box Number is Not Acceptable) 435 SW 123 Avenue City Miami FL Zip Code 33184	
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 <input checked="" type="checkbox"/> <i>John R. Benedetto</i> (NOTE: Registered Agent signature required when reinstating) DATE <input checked="" type="checkbox"/> 04/15/08					
Filing Fee is \$61.25 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME DIBENEDETTO, NORAH STREET ADDRESS 6418 SW 133RD CT. CITY-ST-ZIP MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete		TITLE VP NAME DI BENEDETTO, NOHRA STREET ADDRESS 6418 SW 133 COURT CITY-ST-ZIP Miami, FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME ZORNOZA, MARIA STREET ADDRESS 13344 SW 65 LANE CITY-ST-ZIP MIAMI, FL 33183	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME NUNEZ, JULIA STREET ADDRESS 13422 SW 64 LANE CITY-ST-ZIP MIAMI, FL 33183	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <input checked="" type="checkbox"/> <i>John R. Benedetto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<input checked="" type="checkbox"/> President <input checked="" type="checkbox"/> 4/15/08 Date Daytime Phone #		

4007400

