

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90072 014 \*\*\*\*70.00

<b>DOCUMENT # N12681</b> 1. Entity Name KENDALL FORESTS OWNERS' ASSOCIATION, INC.					
Principal Place of Business COURTESY PROPERTY MANAGEMENT 13250 SOUTHWEST 135TH AVENUE MIAMI, FL 33186 US			Mailing Address COURTESY PROPERTY MANAGEMENT 13250 SOUTHWEST 135TH AVENUE MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SKRLD, INC. 201 ALHAMBRA CIRCLE, STE. 1102 MIAMI, FL 33134				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD RAMIREZ, CATALINO 11840 SW 80 ST., #516 MIAMI, FL 33183	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sticco, ALAN 11820 SW 80 ST. #318 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACUNA, MARINA 11820 SW 80 ST., #311 MIAMI, FL 33183	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALAIS, DAVID 11800 SW 80 ST. #112 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTELLANOS, ANA 11840 SW 80 ST. UNIT 511 MIAMI, FL 33183	<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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Alan Sticco Vice President</u> 3/15/07 786-543-3285					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40041070



03092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2693032

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

FL

Zip Code