


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90036 048 \*\*\*\*61.25

<b>DOCUMENT # N20788</b> 1. Entity Name <b>KENDALL PARK COMMERCIAL CONDOMINIUM THREE ASSOCIATION, INC.</b>					
Principal Place of Business <b>13000 S.W. 120TH ST. MIAMI, FL 33186</b>			Mailing Address <b>13000 S.W. 120TH ST. MIAMI, FL 33186</b>		
2. Principal Place of Business - No P.O. Box # <b>12259 SW 132 CT</b>		3. Mailing Address <b>P.O. Box 1741</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Miami FL.</b>		City & State <b>MIAMI FL.</b>		4. FEI Number <b>65-0008701</b>	
Zip <b>33186</b>		Country <b>Miami-Dade</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33186</b>		Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FROYO, IVANKA INT.REAL ESTATE ENTERPRISES,INC. 13000 SW 120 ST. MIAMI, FL 33186</b>				7. Name and Address of New Registered Agent Name <b>OCEAN MANAGEMENT &amp; INVESTMENTS CORP.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10697 SW 76 TER</b> City <b>Miami FL.</b> Zip Code <b>33173</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITEHOUSE, CHANDRA <input type="checkbox"/> Delete 12253 SW 132 CT. MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete ALTMAN, BILL 12273 SW 132 CT. MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GOLDSTEIN, LEE 12267 SW 132 CT. MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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.					
<b>SIGNATURE:</b> _____ <b>4/12/07 305-804-9098</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					