## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21327

FILED Apr 29, 2009 Secretary of State

Entity Name: LE CLUB AT KENDALE LAKES CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:  C/O ATLAS 8600 N.W. 17TH ST., #145 MIAMI, FL 33126 US  Current Mailing Address:  C/O ATLAS 8600 N.W. 17TH ST., #145 MIAMI, FL 33126 US			New Principal Place	New Principal Place of Business:  C/O ATLAS PROPERTY MANAGEMENT 1450 N.W. 87 AVE., #204 DORAL, FL 33172 US  New Mailing Address:  C/O ATLAS PROPERTY MANAGEMENT 1450 NW. 87 AVE., #204 DORALI, FL 33172 US	
			1450 N.W. 87 AVE., #		
			New Mailing Addres		
			1450 NW. 87 AVE., #2		
FEI Number	: 65-0198117	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
4000 HOL PRESIDEI HOLLYW(	LYWOOD BOI NTIAL CIRCLE DOD, FL 3302	, SUITE 265S 1 US	ourpose of changing its registere	d office or registered agent, or both	
	e of Florida.		purpose of changing its registere	a office of registered agent, of both	
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:				Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	
Title: Name: Address:	VP/D ( DIAZ, WILLIAN	) Delete 1 COURT APT. 603	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:		
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VP/D ( DIAZ, WILLIAN 6520 SW 138 ( MIAMI, FL 331	) Delete 1 COURT APT. 603 83 ) Delete EL CT #801	Title: Name: Address:	ES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip: Title: Name: Address:	VP/D ( DIAZ, WILLIAN, 6520 SW 138 MIAMI, FL 331  P/D ( AVILES, DANIE 6560 S W 138 MIAMI, FL 331	) Delete 1 COURT APT. 603 83 ) Delete EL CT #801 83 ) Delete BARBARA CT #106	Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTO	

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: ORIETA CARILLO TD 04/29/2009