


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90020 042 \*\*\*\*61.25

<b>DOCUMENT # N30727</b>					
1. Entity Name <b>KILLIAN PLACE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 9716 SW 110 ST MIAMI, FL 33176 US			Mailing Address P O BOX 165823 MIAMI, FL 33116-5823 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0105374</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REHR, MICHAEL E. E 220 MIRACLE MILE SUITE 238 CORAL GABLES, FL 33134			Name <u>ALAN ROSENTHAL</u> Street Address (P.O. Box Number is Not Acceptable) <u>16TH FLOOR</u> <u>2601 SOUTH BAYSHORE DRIVE</u> City <u>MIAMI</u> FL Zip Code <u>33133</u>		
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 <u>Alan Rosenthal</u>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <u>2-13-04</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERIN, RICHARD		NAME	ARMANDO RODRIGUEZ JR.	
STREET ADDRESS	9764 S.W. 110 ST.		STREET ADDRESS	9865 SW 111 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, DAVID		NAME		
STREET ADDRESS	9716 S.W. 110 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADNAZZO, ANDRES		NAME		
STREET ADDRESS	9866 SW 111 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JANET		NAME		
STREET ADDRESS	9816 SW 110 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, GERMAN JR		NAME		
STREET ADDRESS	9834 SW 111 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Richard J. Sherin</u>			Date <u>1/26/2004</u>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					