

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90055 042 ****61.25

DOCUMENT # N30727 1. Entity Name KILLIAN PLACE HOMEOWNERS ASSOCIATION, INC.					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0105374	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSENTHAL, ALAN. 16TH FLOOR 2601 SOUTH BAYSHORE DRIVE MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	TD SHERIN, RICHARD <input type="checkbox"/> Delete 9764 S.W. 110 ST. MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDNER, DAVID <input type="checkbox"/> Delete 9716 S.W. 110 ST. MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADNAZZO, ANDRES <input type="checkbox"/> Delete 9866 SW 111 TERRACE MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MADRAZO, ANDRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, JANET <input type="checkbox"/> Delete 9816 SW 110 STREET MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, GERMAN JR <input type="checkbox"/> Delete 9834 SW 111 TERRACE MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ARMANDO JR. <input checked="" type="checkbox"/> Delete 9865 SW 111 TERRACE MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CANIZARES, ROY 9750 SW 111 TERRACE MIAMI, FL 33176	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Richard J. Sherin Treasurer</i> 7/25/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<i>Richard J. Sherin</i>					