


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N30727**  
 1. Entity Name  
**KILLIAN PLACE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**9716 SW 110 ST**      **P O BOX 165823**  
**MIAMI FL 33176**      **MIAMI FL 33116-5823**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For / Not Applicable  
**65-0105374**

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

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 \_\_\_\_\_ **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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SHERIN, RICHARD	
STREET ADDRESS	9784 S.W. 110 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARDNER, DAVID	
STREET ADDRESS	9716 S.W. 110 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADRAZO, ANDRES	
STREET ADDRESS	9866 SW 111 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN, JANET	
STREET ADDRESS	9816 SW 110 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GONZALEZ, GERMAN JR	
STREET ADDRESS	9834 SW 111 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANIZARES, ROY	
STREET ADDRESS	9750 SW 111 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000403934  
 02/09/06-80016-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 \_\_\_\_\_