


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 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 US**      **MIAMI, FL 33116-5823 US**

**DO NOT WRITE IN THIS SPACE**



01062007 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>65-0105374</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROSENTHAL, ALAN**  
**4TH FLOOR**  
**2525 PONCE DE LEON BOULEVARD**  
**MIAMI, FL 33134**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

000000614470  
 02/06/07-80032-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHERIN, RICHARD 9764 S.W. 110 ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDNER, DAVID 9716 S.W. 110 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADRAZO, ANDRES 9868 SW 111 TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, JANET 9816 SW 110 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, GERMAN JR 9834 SW 111 TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANIZARES, ROY 9750 SW 111 TERRACE MIAMI, FL 33176

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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.

SIGNATURE: Richard J. Sherin      1/25/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #