

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90083 029 ****61.25

DOCUMENT # N39333

1. Entity Name
PARK PLACE OF KENDALL CONDOMINIUM III
ASSOCIATION, INC.



Principal Place of Business

13200 SW 128 ST
E1
MIAMI, FL 33186 US

Mailing Address

13200 SW 128 ST
E1
MIAMI, FL 33186 US

40004022



01052005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-0218756

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDRIKSE, NELSON J.
13200 SW 128 ST
E-1
MIAMI, FL 33186

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HENDRIKSE, NELSON J
STREET ADDRESS 13200 SW 128 ST E1
CITY-ST-ZIP MIAMI, FL

TITLE VD
NAME WILHELM, JAMES
STREET ADDRESS 13002 SW 133 CT.
CITY-ST-ZIP MIAMI, FL 33186

TITLE STD
NAME THOMPSON, ALLEN
STREET ADDRESS 130 SW 8 STREET
CITY-ST-ZIP MIAMI, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #