


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90016 009 \*\*\*\*70.00

<b>DOCUMENT # N50311</b>	
1. Entity Name KENDALL GROVE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 13250 SW 135 AVENUE MIAMI, FL 33186	Mailing Address 13250 SW 135 AVENUE MIAMI, FL 33186
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0497224	Applied For Not Applicable
Zip	Country	Zip	Country



03032008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIR., STE. 1102 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERDASCO, JOSE <input checked="" type="checkbox"/> Delete 9023 SW 108TH CIRCLE CT. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JELLSO, MICHAEL <input checked="" type="checkbox"/> Delete 10823 SW 90 LN MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, MIGUEL <input type="checkbox"/> Delete 8927 SW 108 CIR CT MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, DAVID T <input checked="" type="checkbox"/> Delete 10828 SW 90 LANE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRUGER, PAUL <input checked="" type="checkbox"/> Delete 9021 SW 108 CIR CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEALEARE, ARTURO <input checked="" type="checkbox"/> Delete 10827 SW 89 TERR MIAMI, FL 33176

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, ENRIQUE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8923 SW 108 CIR. CT. MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PALACIOS, ARLEEN <input type="checkbox"/> Change <input type="checkbox"/> Addition 9025 SW 108 CIR. CT. MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MISTRY, AMRUTLAL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8905 SW 108 CIR. CT. MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELGADO, RICHARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10824 SW 91 LANE MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELLQJIN, GERMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9111 SW 108 CIR. CT. MIAMI FL 33176

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:**  **3/6/08** **305 205 1028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #