

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50311

FILED
Feb 21, 2012
Secretary of State

Entity Name: KENDALL GROVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O COURTESY PROPERTY MANAGEMENT
13250 SW 135 AVENUE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

C/O COURTESY PROPERTY MANAGEMENT
13250 SW 135 AVENUE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0497224 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIR., STE. 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BARCIA, MERCY MS
Address: 10826 SW 89 TERRACE
City-St-Zip: MIAMI, FL 33176 US

Title: VPD
Name: MEHANA, ATIF MR
Address: 8907 SW 108 CIR CT
City-St-Zip: MIAMI, FL 33176 US

Title: D
Name: AMRUTLAL, MISTRY MR
Address: 8905 SW 108 CIR. CT.
City-St-Zip: MIAMI, FL 33183 US

Title: D
Name: SAMANTHESA, JACOB MR
Address: 9113 SW 108 CIR. CT.
City-St-Zip: MIAMI, FL 33176 US

Title: STD
Name: SALORT, ILEANA MS
Address: 10827 SW 91 LANE
City-St-Zip: MIAMI, FL 33176 US

Title: TD
Name: HALLIDAY, ANA MS
Address: 9021 SW 108 CIRCLE COURT
City-St-Zip: MIAMI, FL 33176 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MERCY BARCIA

PD

02/21/2012

Electronic Signature of Signing Officer or Director

_____ Date