

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002197

1. Entity Name
**KENDALL FOREST BUSINESS PARK II CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**12350 SW 132 CT
SUITE #211
MIAMI, FL 33186**

Mailing Address
**POB 831741
MIAMI, FL 33283**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052009

Chg-NP

CR2E037 (11/08)

4. FEI Number
65-0578350

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OCEAN MANAGEMENT INVESTMENTS CORP.
12350 SW 132 CT 211
MIAMI, FL 33186**

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

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, 2009**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BHAWANDA, ALLSION**
STREET ADDRESS **12360 SW 132 CT. #211**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME **000143851570**
STREET ADDRESS **02/18/09--01004--002 **\$1.25**
CITY-ST-ZIP

TITLE **S/T** ☐ Delete
NAME **FLEITES, MARIA**
STREET ADDRESS **12360 SW 132 CT # 203-05**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MEYRELES, ALFONSO**
STREET ADDRESS **12360 SW 132 CT. # 208**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COLON, LUIS**
STREET ADDRESS **12360 SW 132 CT**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FLEITER, ALEX**
STREET ADDRESS **12360 SW 132 CT #114**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 FEB 18 PM 12:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2/18