

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90101 040 \*\*\*\*61.25

DOCUMENT # N9400003852  
1. Entity Name  
**THE PALMS AT KENDALL, HOA. INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**8943 S.W. 113 Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**400 S.W. 107th Ave.**  
Suite, Apt. #, etc.  
**312**

City & State  
**Miami, FL**

City & State  
**Miami, FL 33174**

Zip  
**33176** Country  
**Dade**

Zip  
**33174** Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0516337** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

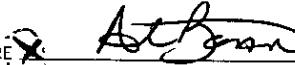
7. Name and Address of Current Registered Agent

Name  
**ANDY BOAN**

Street Address (P.O. Box Number is Not Acceptable)  
**8943 S.W. 113 Place**

City  
**Miami** FL Zip Code  
**33176**

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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **4/11/02**

FEE IS \$61.25  
Initial or Amended UBR

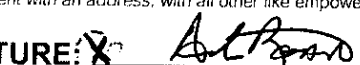
9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/D Andy Boan 8943 S.W. 113 Place Miami, FL 33176</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T/D Raul Malave 11301 S.W. 88 Terrace Miami, FL 33176</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S/D Joe Granda 8922 S.W. 113 Ave. Miami, FL 33176</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Andy Boan** 4/11/2002 (305) 220-5624  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #