


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90069 035 ****61.25


DOCUMENT # N94000003852

1. Entity Name
THE PALMS AT KENDALL, INC.



Principal Place of Business 8943 SW 113 PLACE MIAMI, FL 33176 US	Mailing Address 400 SW 107TH AVE 312 MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE



03142004 No Chg-NP CR2E037 (10/03)


4. FEI Number 65-0516337	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOAN, ANDY
8943 SW 113 PLACE
MIAMI, FL 33176

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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  **ANDREW BOAN** 4/19/04
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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOAN, ANDY 8943 SW 113 PL MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, JOSE 8963 SW 113 PLACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANDA, JOE 8922 S.W. 113 AVE MIAMI, FL 33176
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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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:  **ANDREW BOAN** 4/19/04 (305) 220-5684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President