2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003852

FILED Apr 18, 2008 Secretary of State

Entity Name: THE PALMS AT KENDALL, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8943 SW 1 MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
400 SW 107TH AVE 312					
MIAMI, FL 33174					
FEI Number:	65-0516337	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
BOAN, ANDY 8943 S.W. 113TH PLACE MIAMI, FL 33176 US				8943 Ś.W. 113TH PLACE	
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: ANDREW BOAN				04/18/2008	
	Electronic	c Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	TD () [ENCINOSA, ROL 9146 SW 113TH MIAMI, FL 33176	AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PD ()[BOAN, ANDREW 8943 SW 113TH MIAMI, FL 33170	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () [DELGADO, MAR 11316 SW 88TH MIAMI, FL 33176	TERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [MORENO, PAME 9025 S.W. 113TH MIAMI, FL 33176	H PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D ()[KATZ, JACKY	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANDREW BOAN PD 04/18/2008

9065 S.W. 113TH PLACE

MIAMI, FL 33176

Address:

City-St-Zip: