

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2009
Secretary of State**

DOCUMENT# N94000003852

Entity Name: THE PALMS AT KENDALL, INC.

Current Principal Place of Business:

8943 SW 113 PLACE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

400 SW 107TH AVE
312
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-0516337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOAN, ANDREW
8943 S.W. 113TH PLACE
MIAMI, FL 33176 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: TD () Delete
Name: ENCINOSA, ROLANDO
Address: 9146 SW 113TH AVE
City-St-Zip: MIAMI, FL 33176

Title: PD () Delete
Name: BOAN, ANDREW
Address: 8943 SW 113TH PLACE
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: DELGADO, MARIA E
Address: 11316 SW 88TH TERR
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete
Name: MORENO, PAMELA
Address: 9025 S.W. 113TH PLACE
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete
Name: KATZ, JACKY
Address: 9065 S.W. 113TH PLACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANDREW BOAN

Electronic Signature of Signing Officer or Director

P/D

04/13/2009

Date