2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400005544

1. Entity Name

KENDALLWOOD HOMEOWNERS ASSOCIATION, INC.

NENDA	ALLITOOD HOMEOTHICHS AC	JOUGIA	HON; ING.		(V		09-17-2001 90133	008	01	43
Principal Place of Business Maili			ailing Address							
			9060 SW 82 ST Miami FL 33173-4132							
_										ALANI ALAH YAAN
2. Principal Place of Business 3. Ma			Mailing Address							
Suite, Apt. #, etc. S			Suite, Apt. #, etc.			_	DO NOT WRITE IN THI	S SPA	CE	
City & State C			ity & State			4. FEI Number 65-0442999 Applied For				
Zip	Country	Zij	ρ	Countr	у	5. Certificate of S	Danie - Danie - L	\$8	.75 Ac	tot Applicable
	6. Name and Address of Current	l Registers	ad Agent	<u></u>				√ Fe∈	Requir	ed
	5. Name and Address of Carrell	ricgistere	Agent		Vame	7. Name and Ad	dress of New Registere	a Age	nt	
CHADET	DENICO			<u> </u>	Street Addres	ss (P.O. Boy Number is	Not Acceptable)			
SUAREZ, BENIGO 9060 SW 82 AVE					Street Address (P.O. Box Number is Not Acceptable)					
	33173-4132									
•					Dity	•	F	L	Zip Coo	de
8. The above	e named entity submits this statement for	or the purp	ose of changing its	registered of	office or regis	stered agent, or both, in	n the state of Florida.		••••	
÷		,	ı							
SIGNATURE										
	Signature, typed or printed name of registered agent	t and title if app	oficable. (NOTE	E: Registered Ag	ent signature requ	uired when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25 tember 12, 2001, min. will be \$2	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make Check Payable to Department of State				
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS (CHANG	GES TO OFFICERS AND (JIDEO	TODO IN	1.10
TITLE	PD	TIEO TOTIO	Delete	TITLE	<u> </u>	ADDITIONS/CHAIR	SES TO OFFICERS AND I		Change	Addition
NAME	CASTELLANOS, CARLOS			NAME					onenge	
STREET ADDRESS CITY-ST-ZIP	8200 S.W. 91ST AVENUE MIAMI FL 33173			STREET A	- 1					ļ
TITLE	VD VD		☐ Delete	CITY-ST-	ZIP	 -			01	
NAME	VALDES, ALEIDA		L Delete	TITLE				Ц	Change	Addition
STREET ADDRESS	8200 S.W. 91ST AVENUE			STREET A	DDRESS					
CITY-ST-ZIP	MIAMI FL 33173		···-	CITY-ST-	ZIP			_		
TITLE	SUAREZ, BENIGNO		☐ Delete	TIŤLĒ	"		. – –		Change	☐ Addition
NAME STREET ADDRESS	8200 S.W. 91ST AVENUE			NAME	DDDCCC					
CITY-ST-ZIP	MIAMI FL			STREET AL CITY-ST-	I					
TITLE	SD		☐ Delete	TITLE			<u></u>		Change	☐ Addition
NAME	CEREIJO, TERESA		□ beide	NAME				L.	Ullalige	Addition
STREET ADDRESS	8200 SW 91 AVE			STREET AL	DDRESS					j
CITY-ST-ZIP	MIAMI FL 33173-4132			CITY-ST-	ZIP					
TITLE	DEVINE, STACEY		☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	8200 SW 91 AVE			NAME	ADDEGO.					ļ
CITY-ST-ZIP	6200 SW 91 AVE MIAMI FL 33173-4132			STREET AL						
TITLE	me and the AATTA-LIAE		☐ Delete	TITLE			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Char	
NAME			L Detete	NAME	-			Ш	Change	Addition
	1				DRESS					

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.

CITY-ST-ZIP

SIGNATURE:

NAMPE REQUIRED

FILED Sep 17, 2001 8:00 am Secretary of State 09-17-2001 90133 008 ****61.25