## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001965

FILED Mar 26, 2009 Secretary of State

Entity Name: KENDALL OAKS PROFESSIONAL CENTER IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
9095 SW 87 AVENUE	

9095 SW 87 AVENUE 777 MIAMI, FL 33176 US

Current Mailing Address: New Mailing Address:

9095 SW 87 AVENUE 777 MIAMI, FL 33176 US

FEI Number: 65-0729679 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSH, ROBERT A 9095 SW 87 AVENUE SUITE 777 MIAMI, FL 33176 US

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:

Clashania Cinnahura of Deviatora d Assort

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition
Name: CAJANOVA, LAIDA DR
Address: 11040 SW 88 STREET
Address: 11040 SW 88 STREET

Address: 11040 SW 88 STREET Address: 11040 SW 88 STREET City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GARCIA, AMADO
 Name:

 Address:
 11060 SW 88 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 CORRERA-GAVIRIA, RAUL
 Name:

 Address:
 11050 SW 88 ST #106
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 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: LAIDA CASANOVA VD 03/26/2009