

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90002 032 ****61.25

DOCUMENT # N95000005102					
1. Entity Name BRISTOL AT KENDALL A CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7100 SW 99 AVE 102 MIAMI, FL 33173 US			Mailing Address 7100 SW 99 AVE 102 MIAMI, FL 33173 US		
2. Principal Place of Business		3. Mailing Address		05092005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0747901	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAMIREZ, CARLOS C/O COMPLETE & RELIABLE MNGMT 7100 SW 99 AVE MIAMI, FL 33173				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME GONZALEZ, LUIS STREET ADDRESS 8388 SW 152 AVE # 22 CITY-ST-ZIP MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete		TITLE MANNY RODRIGUEZ NAME 8388 SW 152 AVE # 25 STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP MIAMI FL 33193	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ROBLES, SANDRA STREET ADDRESS 8394 SW 152 AVE #35 CITY-ST-ZIP MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete		TITLE SABINO JARA NAME 8368 SW 152 AVE # 46 STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP MIAMI FL 33193	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JOSE MEJIA, PEDRO STREET ADDRESS 8388 SW 152 AVE #24 CITY-ST-ZIP MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete		TITLE MARALMA GONZALEZ NAME 8374 SW 152 AVE #50 STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP MIAMI FL 33193	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE JOH ARREZ padron NAME 8350 SW 152 AVE #5 STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP MIAMI FL 33193	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			_____ <small>Date</small>		

_____ (305) 388-5000
Daytime Phone #