2007 NOT-FOR-PROFIT CORPORATION

FILED 00 AN ate

	ANNUAL		Jan 11, 2007 08:0				
DOCU	MENT # N96000002			5	Secretary of	St	
1. Entity Nan KENDAL	ne L PINES CONDOMINIUM AS						
Principal Plac	ce of Business	Mailing Address		1			
	134TH COURT	12925 SW 134TH COURT					
MIAMI, FL 3	33186-5869	MIAMI, FL 33186-5869					/mm/
November of the Control of the Contr					 	 	
	A MAT MINITE	^=	01052007	No Chg-NP	CR2E037 (4/06)		
L	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numb		Applied	
				65-069		Not App \$8.75 Additional	
	A 31			5. Certificate	e of Status Desired	Fee Required	<u> </u>
	6. Name and Address of Current F	egistered Agent	`	5-	-		
	, DENNIS R	- , <u>-</u> , - <u>-</u> , - <u>-</u>	DO	NOT WE	RITE		
12925 SW 134TH COURT MIAMI, FL 33186-5869			1		THIS SPA		
				114	inio ori	NOE	
	a named entity submits this statement for	the purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flori	da. I am familiar with, and a	ccept
tue opliga	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent a	nd little if applicable (NOTE, Registere	ed Agent signature required	I when reinstating)		DATE	_
	Fillian Fac to \$64.05	9. Election Campaign Final	ncina &E	00 45-		,	
	Filing Fee is \$61.25 Due by May 1, 2007	Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND D	DIRECTORS					
IIILE	PD		1				
NAME STREET ADDRESS	WATSON, DENNIS R 12925 SW 134 COURT				เมากอดร	582 135 90019-018 61.25	
CITY-ST-ZIP	MIAMI, FL 33186	-			01/11/07-8	30019-018 61.25	3
TITLE	SD		.,	-			
name Street address	WATSON, THOMAS W						
Crty-St-ZIP	MIAMI, FL 33186			* *			-
RILE	TD						
NAME STREET ADDRESS	STRENTA, VALDO 24751 SW 144TH AVE						
CITY-ST-ZIP	PRINCETON, FL 33032			DO	NOT W	KIIE	
TITLE				IN	THIS SP	ACE	
NAME STREET ADDRESS				***			
CITY-ST-ZIP							
TITLE] <u>.</u> .	· - 			
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE			1				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 chapter 617, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE