2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005943

FILED Mar 29, 2009 Secretary of State

Entity Name: WILLOW WALK OF KENDALL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			Ne	New Principal Place of Business:		
13800 SW MIAMI, FL	112TH STRI 33186	EET				
Current Mailing Address:			Ne	New Mailing Address:		
14995 SW MIAMI, FL						
FEI Number:	65-0918513	FEI Number Applied For	() FEI Numbe	r Not Applicable()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Age	ent: Na	ame and Addres	s of New Registered Agent:	
DAILY, DO 14995 SW MIAMI, FL	20 TERR	8				
The above in the State		submits this statement for	or the purpose of ch	nanging its regist	ered office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	onic Signature of Register	ed Agent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (DAILY, DOLC 14995 SW 20 MIAMI, FL 33	TERR.	Ade	le: me: dress: y-St-Zip:	() Change () Addition	
Title: Name:	S (MENA, NIDIA) Delete	Titl Na	le: me:	() Change () Addition	
Address: City-St-Zip:	13810 SW 11 MIAMI, FL 33	2TH STREET, #105 186	Ade	dress: y-St-Zip:		
Address:	MIAMI, FL 33 V (BRITO, MOIS	.186) Delete ES 2TH STREET, #110	Ad Cit Titl Na Ad	y-St-Zip:	()Change ()Addition	
Address: City-St-Zip: Title: Name: Address:	V (BRITO, MOIS 13820 SW 11 MIAMI, FL 33 D (VLLOA, SANT) Delete ES 2TH STREET, #110 :186) Delete IAGO 2TH STREET, #205	Ad Cit Titl Na Ad Cit Titl Na Ad	y-St-Zip: le: me: dress: y-St-Zip: le: me: ULLOA, dress: 13820 S	() Change () Addition (X) Change () Addition SANTIAGO SW 112TH STREET, #205 FL 33186	

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: DOLORES DAILY P 03/29/2009