

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718877

Entity Name: KENDALLTOWN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**10333 SOUTH WEST 76 STREET
MIAMI, FL 33173**Current Mailing Address:**10333 SOUTH WEST 76 STREET
MIAMI, FL 33173**FEI Number:** 59-1353211**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIR
STE 1102
MIAMI, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MANGUM, DONALD
Address	10333 SOUTH WEST 76 STREET
City-State-Zip:	MIAMI FL 33173

Title	VP
Name	GRECO, JOHN
Address	10333 SOUTHWEST 76TH STREET
City-State-Zip:	MIAMI FL 33173

Title	SECRETARY
Name	MERKER, LAURIE
Address	10333 SOUTHWEST 76TH STREET
City-State-Zip:	MIAMI FL 33173

Title	TREASURER
Name	PETRAITIS, ENRIQUE
Address	10333 SOUTH WEST 76 STREET
City-State-Zip:	MIAMI FL 33173

Title	DIRECTOR
Name	RAMSAROOP, SHOBHA
Address	10333 SOUTH WEST 76 STREET
City-State-Zip:	MIAMI FL 33173

Title	DIRECTOR
Name	MATUTE, MARIADELA
Address	10333 SOUTHWEST 76TH STREET
City-State-Zip:	MIAMI FL 33173

Title	DIRECTOR
Name	CAHILL, DOREEN
Address	10333 SOUTHWEST 76TH STREET
City-State-Zip:	MIAMI FL 33173

Title	DIRECTOR
Name	GARCIGA, JOSE
Address	10333 SOUTH WEST 76 STREET
City-State-Zip:	MIAMI FL 33173

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I hereby 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 all other like empowered.

SIGNATURE: DONALD MANGUM

PRESIDENT

03/21/2025

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHENKMAN, DAVID
Address	10333 SOUTH WEST 76 STREET
City-State-Zip:	MIAMI FL 33173