

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:02

DOCUMENT # **721439** (8)

1. Corporation Name

KENDALL ACRES CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 10375-SW 88TH ST. #A MIAMI FL 33176-1637	Mailing Address 10375-SW 88TH ST. #A MIAMI FL 33176-1637
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3. Date Incorporated or Qualified 07/30/1971	3a. Date of Last Report 04/21/1994
4. FEI Number 59-1443542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	2c
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**WILLIAMS, DIANE
10379 N. KENDALL DR., L-3
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name
William Lamb

82 Street Address (P.O. Box Number is Not Acceptable)
10731 SW 113 Place

83
Miami, FL 33183

84 City

85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *William Lamb* *VP* *1/28/95*

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, DIANE
STREET ADDRESS	10379 N. KENDALL L-3
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	LARSON, ROBERT
STREET ADDRESS	10375 N. KENDALL J-5
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	WOLFE, MARCIA
STREET ADDRESS	10383 N. KENDALL N-6
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	SLAWEK, HENRY
STREET ADDRESS	10383 N. KENDALL DR. N-5
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	SAMEN, BARBARA
STREET ADDRESS	10375 N. KENDALL DR. J-6
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERTSON, MARTY	
1.3 STREET ADDRESS	10369 SW 88th Street, #F-3	
1.4 CITY-ST-ZIP	Miami, FL 33183	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAMB, WILLIAM	
2.3 STREET ADDRESS	10721 SW 113 PLACE	
2.4 CITY-ST-ZIP	MIAMI, FL 33183	
3.1 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BELL, CAROLE	
3.3 STREET ADDRESS	8139 SW 82nd PLACE	
3.4 CITY-ST-ZIP	MIAMI, FL 33143	
4.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PERAZA, HENRY T.	
4.3 STREET ADDRESS	10393 SW 88th STREET, #U-8	
4.4 CITY-ST-ZIP	MIAMI, FL 33183	
5.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MENENDEZ, JOSE	
5.3 STREET ADDRESS	10359 SW 88th STREET, #A-2	
5.4 CITY-ST-ZIP	MIAMI, FL 33183	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *William Lamb* *VP* *1/28/95*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE