

FILED
Apr 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721439
 1. Corporation Name
KENDALL ACRES CONDOMINIUM, INC.

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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2. Principal Place of Business 21 Suits, Apt. #, etc.	2a. Mailing Address 26 Suits, Apt. #, etc.	3. Date Incorporated or Qualified 07/30/1971
22 City & State	27 City & State	4. FEI Number 59-1443542
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>
24 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent SKRLD, INC 201 ALHAMBRA CIR STE. 1102 MIAMI FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE Drucella Van Houten DATE 3-25-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BELL, CAROLE		1.2 NAME Vivian Miranda	
STREET ADDRESS 8139 S.W. 82 PL		1.3 STREET ADDRESS 10367 N. Kendall Dr. E-8	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, FL 33176	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FORTE, ALYZA		2.2 NAME Martine Robertson	
STREET ADDRESS 10355 N. KENDALL DR. CC3		2.3 STREET ADDRESS 10369 N. Kendall Dr. F-3	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, FL 33176	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HECTOR, MEDINA		3.2 NAME	
STREET ADDRESS 10379 N. KENDALL DR. L3		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELL, CAROLE		4.2 NAME	
STREET ADDRESS 8139 SW 82 PL		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEBB, FRANCES		5.2 NAME Evelina O. Raspall	
STREET ADDRESS 10353 N KENDALL DR BB3		5.3 STREET ADDRESS 10399 N. Kendall Dr. AA-4	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. With all other filers empowered.

SIGNATURE: [Signature] DATE: 3-25-99 PHONE: 305-271-8789

CR2037-03/98