

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 724924 (6)
1. Corporation Name
KENDALE LAKES MASTER CONDOMINIUM ASSOCIATES INC.



Principal Place of Business: **8399 SOUTHWEST 137TH AVENUE MIAMI FL 33183**
Mailing Address: **8399 SOUTHWEST 137TH AVENUE MIAMI FL 33183**

3. Date Incorporated or Qualified: **12/04/1972**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **59-1431399**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
BECKER & POLIAKOFF
6161 BLUE LAGOON DR
SUITE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALTA, NANCY	12 NAME	RICHIE F. MARDEN
STREET ADDRESS	8761 SW 137 AVE	13 STREET ADDRESS	8791 S.W. 137TH AVE
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, STEPHEN	22 NAME	JAME MCCOYDAUGHY
STREET ADDRESS	8451 SW 137 AVE	23 STREET ADDRESS	8748 SW 137TH AVE
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH, DEBRA	32 NAME	CATHERINE GROSS
STREET ADDRESS	8577 SW 137 AVE	33 STREET ADDRESS	8711 SW 137TH AVE
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL
TITLE	V.P. <input type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTTO, OLSEN	42 NAME	MARICE AIT
STREET ADDRESS	8789 SW 137 AVE	43 STREET ADDRESS	8429 SW 137TH AVE
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUGH, LARRY	52 NAME	
STREET ADDRESS	8535 SW 137 AVE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROBERT	62 NAME	
STREET ADDRESS	8781 SW 137 AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy P. Calta* **2/13/96** **(305) 255-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)