

FILE NOW: FILING FEE IS \$61.25

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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33183-4045
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/04/1972	3a. Date of Last Report 02/16/1996
4. FEI Number 59-1431399	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BECKER & POLIAKOFF
6161BLUE 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
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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CALTA, NANCY	
STREET ADDRESS	8761 SW 137 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, STEPHEN	
STREET ADDRESS	8451 SW 137 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, DEBRA	
STREET ADDRESS	8577 SW 137 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OTTO, OLSEN	
STREET ADDRESS	8789 SW 137 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROUGH, LARRY	
STREET ADDRESS	8535 SW 137 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALT, MAURICE	
STREET ADDRESS	8429 SW 137TH AVENUE	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GROSS, CATHERINE	
1.3 STREET ADDRESS	8711 SW 137 AVE	
1.4 CITY - ST - ZIP	MIAMI, FL	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUZIUS, MONIQUE	
2.3 STREET ADDRESS	8781 SW 137 AVE	
2.4 CITY - ST - ZIP	MIAMI, FL	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARDEN, RICHELLE F.	
3.3 STREET ADDRESS	8791 SW 137 AVE	
3.4 CITY - ST - ZIP	MIAMI, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VEILLEUX, CAROL	
4.3 STREET ADDRESS	8787 SW 137 AVE	
4.4 CITY - ST - ZIP	MIAMI, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TORRES, GILBERTO	
5.3 STREET ADDRESS	8435 SW 137 AVE	
5.4 CITY - ST - ZIP	MIAMI, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MCCONNAUGHY, JAME	
6.3 STREET ADDRESS	434 Garlenda Ave	
6.4 CITY - ST - ZIP	CORAL GABLES, FL 33146	

14. I do 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.

SIGNATURE:  1/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033573

CR2E037 (9/96)