


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>8399 SOUTHWEST 137TH AVENUE                  MIAMI FL 33183</b>	Mailing Address <b>8399 SOUTHWEST 137TH AVENUE                  MIAMI FL 33183</b>
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3. Date Incorporated or Qualified <b>12/04/1972</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number <b>59-1431399</b>	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b> <b>85</b> 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	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALTA, NANCY	1.2 NAME	OLSEN, OTTO
STREET ADDRESS	8761 SW 137 AVE	1.3 STREET ADDRESS	8789 SW 137 AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARDEN, RICHELLE F	2.2 NAME	CALTA, NANCY
STREET ADDRESS	8791 SW 137 AVE	2.3 STREET ADDRESS	8761 SW 137 AVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH, DEBRA	3.2 NAME	VEILLEUX, CAROL
STREET ADDRESS	8577 SW 137 AVE	3.3 STREET ADDRESS	8787 SW 137 AVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTTO, OLSEN	4.2 NAME	FRANCO, OMAR
STREET ADDRESS	8789 SW 137 AVE	4.3 STREET ADDRESS	8617 SW 137 AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRES, GILBERTO	5.2 NAME	COY, STEPHEN
STREET ADDRESS	8435 SW 137 AVE	5.3 STREET ADDRESS	8451 SW 137TH AVE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ALT, MAURICE	6.2 NAME	
STREET ADDRESS	8429 SW 137TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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.

SIGNATURE: *[Signature]* **OTTO OLSEN Pres. 2/12/98 446-5556 x266**

CR2E037 (10/97)