

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724924

1. Entity Name

KENDALE LAKES MASTER CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

8399 SOUTHWEST 137TH AVENUE
MIAMI FL 33183

8399 SOUTHWEST 137TH AVENUE
MIAMI FL 33183-4045

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1431399

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF
5201 BLUR LAGOON DR.
SUITE 100
MIAMI FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PD- OLSEN, OTTO**
STREET ADDRESS **8789 SW 137 AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE Change Addition
NAME **SD Richelle F. Marden**
STREET ADDRESS **8791 S.W. 137th Avenue**
CITY-ST-ZIP **33183**

TITLE Delete
NAME **TD CALTA, NANCY**
STREET ADDRESS **8761 SW 137 AVE**
CITY-ST-ZIP **MIAMI FL-33183**

TITLE Change Addition
NAME **D Gilberto Torres**
STREET ADDRESS **8435 S.W. 137th AVE.**
CITY-ST-ZIP **33183**

TITLE Delete
NAME **D VEILLEUX, CAROL**
STREET ADDRESS **8787 SW 137 AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE Change Addition
NAME **D Larry Brough**
STREET ADDRESS **8785 S.W. 137th Ave.**
CITY-ST-ZIP **33183**

TITLE Delete
NAME **D FRANCO, OMAR**
STREET ADDRESS **8617 SW 137 AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE Change Addition
NAME **D Silvia Luaces**
STREET ADDRESS **8479 S.W. 137th Ave.**
CITY-ST-ZIP **33183**

TITLE Delete
NAME **D COX, STEPHEN**
STREET ADDRESS **8451 SW 137TH AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D ALT, MAURICE**
STREET ADDRESS **8429 SW 137TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Otto Olsen
OTTO OLSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90265 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)