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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 727885 (6)

1. Corporation Name

KENNEDY HOUSE CONDOMINIUM, INC.

Principal Place of Business

1865 79TH ST CAUSEWAY
NO BAY VILLAGE FL 33141

Mailing Address

1865 79TH ST CAUSEWAY
NO BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1973

3a. Date of Last Report

03/18/1994

4. FEI Number

59-1806177

Applied For

Not Applicable

2. Principal Place of Business

21 CONDO MINIMUM

2a. Mailing Address

26 1865-79th St Causeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 North Bay Village

City & State

City & State

Zip

Country

Zip

Country

29 33141

30 FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

MEYER, GERDA
1865 79TH CSWY #12-0
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name

SAME

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE: ST
NAME: HARPER, MORRIS
STREET ADDRESS: 1865 79TH CSWY #5-1
CITY-ST-ZIP: NO BAY VILLAGE, FL 00000

TITLE: VP
NAME: ALSCHULER, SARAH
STREET ADDRESS: 1865 79TH CSWY #2-D
CITY-ST-ZIP: NO BAY VILLAGE, FL 00000

TITLE: PD
NAME: MEYER, GERDA
STREET ADDRESS: 1865 79TH CSWY #12-0
CITY-ST-ZIP: N. BAY VILLAGE FL

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
No CHANGE

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
No CHANGE

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
No CHANGE

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GERDA MEYER, PRESIDENT

Gerda Meyer

01/27/1995 305-866-4691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Phone) (Area #)