

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 # 727885 (6)

1. Corporation Name
KENNEDY HOUSE CONDOMINIUM, INC.



Principal Place of Business Mailing Address
**1865 79TH ST CAUSEWAY
NO BAY VILLAGE FL 33141** **1865 79TH ST CAUSEWAY
NO BAY VILLAGE FL 33141**

3. Date Incorporated or Qualified **10/29/1973** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1806177	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
		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		10. Name and Address of New Registered Agent			
MEYER, GERDA 1865 79TH CSWY #12-0 NORTH BAY VILLAGE FL 33141		81 Name	CECIL MCGLOHON		
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83	1865 79TH CSWY #14_G		
		84 City	NORTH BAY VILLAGE	FL	85 Zip Code 33141

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: **CECIL MCGLOHON, PRESIDENT** *[Signature]* **02/23/96**
Signature, typed or printed name of registered agent or officer or director (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST HARPER, MORRIS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	STD ANNA BAKST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1865 79TH CSWY #5-1	1.2 NAME	1865 79TH CSWY #7-D
STREET ADDRESS	NO BAY VILLAGE, FL 00000	1.3 STREET ADDRESS	NO BAY VILLAGE, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD ALSCHULER, SARAH <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD PATRICK A. MCSHANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1865 79TH CSWY #2-D	2.2 NAME	1865 79TH CSWY #16-)
STREET ADDRESS	NO BAY VILLAGE, FL 00000	2.3 STREET ADDRESS	NO BAY VILLAGE, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD MEYER, GERDA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD CECIL MCGLOHON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1865 79TH CSWY #12-0	3.2 NAME	1865 79TH CSWY #14-G
STREET ADDRESS	N. BAY VILLAGE FL	3.3 STREET ADDRESS	NO BAY VILLAGE, FL 33141 <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	400001727564 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-02/29/96--01020--012
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CECIL MCGLOHON, PRESIDENT** *[Signature]* **02/23/1996** **305-866-4691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Telephone

SG 2-28-96