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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33147-5660

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 10/29/1973
3a. Date of Last Report: 02/28/1996
4. FEI Number: 59-1806177
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MCGLOHON, CECIL
1865 79TH CSWY #14-G
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent
81 Name: MCGLOHON, MARIA
82 Street Address (P.O. Box Number is Not Acceptable): 1865 79TH CSWY #14-G
83 City: NORTH BAY VILLAGE FL 33141
84 City: FL 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: MARIA MCGLOHON, PRESIDENT
Signature typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: STD	NAME: BAKST, ANNA	STREET ADDRESS: 1865 79TH ST CAUSEWAY #7-D	CITY-ST-ZIP: NO BAY VILLAGE FL 33141	<input checked="" type="checkbox"/> DELETE
TITLE: VD	NAME: MCSHANE, PATRICK A	STREET ADDRESS: 1865 79TH ST CAUSEWAY #16-0	CITY-ST-ZIP: NO BAY VILLAGE FL 33141	<input checked="" type="checkbox"/> DELETE
TITLE: PD	NAME: MCGLOHON, CECIL	STREET ADDRESS: 1865 79TH ST CAUSEWAY #14-G	CITY-ST-ZIP: NO BAY VILLAGE FL 33141	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PRESIDENT - DIRECTOR	1.2 NAME: MCGLOHON, MARIA	1.3 STREET ADDRESS: 1865 79TH ST CAUSEWAY #14-G	1.4 CITY-ST-ZIP: NO BAY VILLAGE FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: FIRST VICE PRESIDENT - DIRECTOR	2.2 NAME: ZENAIDA AUNON	2.3 STREET ADDRESS: 1865 79TH ST CAUSEWAY #8-C	2.4 CITY-ST-ZIP: NO BAY VILLAGE FL 33141	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: SECOND VICE-PRESIDENT - DIRECTOR	3.2 NAME: WILLIAM CARY	3.3 STREET ADDRESS: 1865 79TH ST CAUSEWAY #11-I	3.4 CITY-ST-ZIP: NO BAY VILLAGE FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: TREASURER - DIRECTOR	4.2 NAME: HARRIET STOCK	4.3 STREET ADDRESS: 1865 79TH ST CAUSEWAY #PH-E	4.4 CITY-ST-ZIP: NO BAY VILLAGE FL 33141	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: SECRETARY - DIRECTOR	5.2 NAME: ANNA BAKST	5.3 STREET ADDRESS: 1865 79TH ST CAUSEWAY #7-D	5.4 CITY-ST-ZIP: NO. BAY VILLAGE FL 33141	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARIA MCGLOHON, PRESIDENT
02/17/97 (305) 866-4691
Daytime Phone: 0030845

CR2E037 (9/96)