

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 727885

1. Corporation Name

KENNEDY HOUSE CONDOMINIUM, INC.

Principal Place of Business
1865 KENNEDY CAUSEWAY
NO BAY VILLAGE FL 33141

Mailing Address

1865 KENNEDY CAUSEWAY NO BAY VILLAGE FL 33141

## FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90077 050 \*\*\*\*61.25



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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed				
21	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	26			10/29/1973			
		Suite, Apt. #, etc.	, etc.		4. FEI Number	Apr	plied For	
27					.59-1806177	Nof	t Applicable	
City & State City & State					5. Certificate of Status Desired	\$8.75 A		
28				Fee Required				
Zip	Country	Zip	Country	/	6. Election Campaign Financing	\$5.00		
24	25 29 30				Trust Fund Contribution Added to Fees			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name				
MCGLOH	MCGLOHON, MARIA				82 Street Address (P.O. Box Number is Not Acceptable)			
1865 KENNEDY CAUSEWAY								
NO BAY	VILLAGE FL 33141		83	1				
			84	City		85 Zip C	Code	
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11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the abov	e-named c	opporation submits this statement for the purpose attends board of directors. I hereby accept the ap	of changing its	registered	
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	ons of, Section 617,9303, Flori	da Statutes	1/	and a board of directors. Thereby accept the ap	pomanom do reg	9.0.0.00	
SIGNATURE		Lahm		${\it MX}$	Jaked ent o	11291	99	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Age	nt agnature req	guired when reinstating) L DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	MCGLOHON, MARIA	-	1.2 NAME					
STREET ADORESS	1865 KENNEDY CAUSEWAY 14G		1.3 STREE	T ADDRESS			}	
CITY-ST-ZIP	NO BAY VILLAGE FL 33141		1.4 CITY-5	ST-ZIP				
TITLE	VPD	DELETE	2.1 TITLE			Change	☐ Addition	
NAME	DIAZ, IGNACIO		2.2 NAME					
STREET ADDRESS	1865 KENNEDY CAUSEWAY 5	H	2.3 STREE	TADDRESS			į	
CITY-ST-ZIP	NO BAY VILLAGE FL 33141		2. 4 ÇITY-	ST-ZIP				
TITLE	SD	□ DELETE	3.1 TITLE	SD	SD	Change	Addition	
.NAME	Barrios, Ivan		3.2 NAME	30	SMITH, PHILIP			
STREET ADDRESS	1865 KENNEDY CAUSEWAY 2N	l	3.3 STREE	TADDRESS	1865 KENNEDY CAUSEWAY	′ 10=I		
CITY-ST-ZIP	NO BAY VILLAGE FL 33141		3.4. CITY-	ST-ZIP	NO BAY VILLAGE FL 331	41		
TITLE	TD	<b>Ω</b> DELETΕ	4.1 TITLE			Change	Addition	
NAME	EULALIA, ESCORCIA	- <del>-</del>	4. 2 NAME		TD			
STREET ADDRESS	1865 KENNEDY CAUSEWAY	11D	4.3 STREE	TADORESS	MARQUET, JORGE			
CITY-ST-ZIP	NO BAY VILLAGE FL 33141		4.4 CITY-1		1865 KENNEDY CAUSEWAY	<u> </u>		
TITLE	D			3	NO. BAY VILLAGE, FL 33	1 4 ID Change	☐ Addition	
NAME	ROBINSON, MARK		5.2 NAME		D			
STREET ADDRESS	1865 KENNEDY CAUSEWAY 1	2K	5.3 STREE	TADDRESS	TEMPORINI, ELIDA			
CITY-ST-ZIP			5.4 CITY-	ST-ZNP	1865 KENNEDY CAUSEWAY 7-0			
TITLE		☐ DELETE	6.1 TITLE	<del>-</del>	NO BAY VILLAGE FL 331	41 Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
OTTLE I PODRESS								

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, own an attachment with an address with all other like empowered.

SIGNATURE:

CLATIBLE D

51/29/99 305-866-4691

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