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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 729149 (5)
1. Corporation Name
KENDALL ACRES WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
111 FOUNTAINBLEAU BLVD. MIAMI FL 33172
111 FOUNTAINBLEAU BLVD. MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1974
3a. Date of Last Report 04/06/1994
4. FEI Number 59-1531464
Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 26
22 27
23 28
24 25 29 30

9. Name and Address of Current Registered Agent
SIEGFRIED, KIPNIS & RIVERA ET AL
201 ALHAMBRA CIRCLE/% LISA LERNER
SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PEARL REISMAN
STREET ADDRESS	8415 S. W. 107 AVENUE, #276W
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	GEORGE ALEXANDER
STREET ADDRESS	8401 S. W. 107 AVE., #2373
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	LOU PARSONS
STREET ADDRESS	8401 S. W. 107 AVE. #124E
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	JAMES MARSHALL
STREET ADDRESS	8415 S. W. 107 AVE., #261W
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	MASCHINOT, JOYCE
STREET ADDRESS	8415 SW 107 AVE 310W
CITY - ST - ZIP	MIAMI FL
TITLE	DP
NAME	LEVENTHAL, DORIS
STREET ADDRESS	8401 SW 107 AVE 220E
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Salem, Harriet
1.3 STREET ADDRESS	8415 SW 107 Ave. #236W
1.4 CITY - ST - ZIP	Miami, FL 33173
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARTIME, Luis
2.3 STREET ADDRESS	8401 SW 107 Ave #145E
2.4 CITY - ST - ZIP	Miami, FL 33173
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	O'BANNON, IVAN
3.3 STREET ADDRESS	8415 SW 107 Ave #118 W
3.4 CITY - ST - ZIP	Miami, FL 33173
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: *Doris Leventhal Pres* 1/27/95 305 297-1753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #