


FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 729149
1. Corporation Name
KENDALL ACRES WEST CONDO.ASSOC., INC

Principal Place of Business Mailing Address
8401 SW 107 AVE. MIAMI, FL. 33173
COURTESY PROPERTY MGMT. 9380 SUNSET DR. #B-250 MIAMI, FL. 33172

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 9380 SUNSET DR.
22 City & State 27 SUITE B-250
23 Zip Country 28 MIAMI, FL.
24 25 29 33173 30 DADE

3. Date Incorporated or Qualified 3a. Date of Last Report
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SIEGFRIED, RIVERA, LERNER AND DELA TORRE
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL. 33134

10. Name and Address of New Registered Agent
81 Name SKRLD, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE
83 SUITE 1102
84 City CORAL GABLES FL 85 Zip Code 33134

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 SKRLD, INC. by: *Donna Leventhal* SECRETARY DATE 4-11-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DORIS LEVENTHAL	
STREET ADDRESS	8401 SW 107 AVE. #220-E	
CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIET SALEM	
STREET ADDRESS	8415 SW 107 AVE. #236-W	
CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOYCE MASCHINOT	
STREET ADDRESS	8415 SW 107 AVE. #314-W	
CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JAMES MARSHALL	
STREET ADDRESS	8415 SW 107 AVE. #261-W	
CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOU PARSONS	
STREET ADDRESS	8401 SW 107 AVE. #124-E	
CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGE ALEXANDER	
STREET ADDRESS	8401 SW 107 AVE. #237-E	
CITY-ST-ZIP	MIAMI, FL. 33173	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Donna Leventhal Pres
1.3 STREET ADDRESS	8401 S.W. 107 Ave 220E
1.4 CITY-ST-ZIP	Miami, Fla. 33173
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	Secretary
3.3 STREET ADDRESS	Joyce Maschinot
3.4 CITY-ST-ZIP	8415 SW 107 Ave. #314W Miami, FL. 33173
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	James Marshall Pres.
4.3 STREET ADDRESS	8415 SW 107 Ave Apt 261W
4.4 CITY-ST-ZIP	Miami FL 33173
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	200001782712
5.4 CITY-ST-ZIP	-04/16/96--01124--002
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	***70.00
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Marshall Pres* 3/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #

CR2E037 (12/95)

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DOCUMENT #

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Principal Place of Business: 8401 SW 107 AVE. MIAMI, FL. 33173
Mailing Address: COURTESY PROPERTY MGMT 9380 SUNSET DR. STE. B-250 MIAMI, FL. 33173

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent
SIEGFRIED, RIVERA, LERNER & DELA TORRE
201 ALHAMBRA CIRCLE
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 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.

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like LUIS ARTIME and PEARL REISMAN with fields for title, name, street address, city, state, and 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)