## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT** # 1. Corporation Name 735397

KENDALL HEIGHTS COMMUNITY ASSOCIATION, INC.

NENDALE MEIGHTO COMMONTH ASSOCIATION, INC.									
Principal Place of Business		Mailing Address							
C/O COURTESY PROPERTY MANAGEMENT. INC. 13500 NORTH KENDALL DRIVE. SUITE 140 MIAMI FL 33186		C/O COURTESY PROPERTY MANAGEMENT. INC. 13500 NORTH KENDALL DRIVE. SUITE 140 MIAMI FL 33186			Date Incorporated or Qua	lified 3a	. Date of Last	Panad	
				"	03/26/1976	Janea Jan	02/15/		
	Place of Business	2a. Mailing Address			FEI Number			Applied For	
			SET DRIVE		59-1669309			Not Applicable	
Suite, Apt. #, etc. 22 SUITE B-250		Suite, Apt. #, etc. 27 SUITE B 250		5. (	Certificate of Status Desire	ed 🔭		5 Additional	
City & State		City & State			Election Campaign Financ			Required	
MÍAMI, FL.		28 MIAMI, FL.		I .	Trust Fund Contribution	ang 🗆		May Be	
Zip 24 3311	73 Country DADE	Zip 33173	Country DAI		This corporation has liabili		le tax under s.		
24	9. Name and Address of Current		30 DAL	'	lorida Statutes	Yes			
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name									
SIEGFRIED, KIPNIS, RIVERA, LERNER ET AL  201 ALHAMBRA CIRCLE, SUITE 1102  CORAL GABLES FL 33134  SU  SK 82 Str 20 83 SU				D IN( Address (P.O ALHAM CE 110	2 ). Box Number is Not Acc BRA CIRCLE 2	eptable)			
			84 City	T CAD	TEC DI	F	85 Zip	o 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 familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.									
SGNATURE SKRID INC by due a June 1 Separative, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent a gnature required when resistating)  3-18-96									
12.	OFFICERS AND	DIRECTORS	13.		NDDITIONS/CHANGES TO			RS IN 12	
TITLE	D	DELETE		P/D		J GITTIOL TIO	Change	Addition	
NAME	REGISTER, TROY	Λ		LISA 1	FRIEDMAN		_ ,		
STREET ADDRESS	1240 PLACETAS AVE		1.3 STREET ADDRESS		NW 62 ST.,				
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	IMAIM	, FL. 3318	3		ŀ	
TITLE	PD DECISION DEPOS	<b>₩</b> DELETE	2 1 TITLE	VP⊃			Change	Addition	
NAME	REGISTER, DEBBIE		2 2 NAME	CATHE	RINE GALLAG	ER			
STREET ADDRESS CITY-ST-ZIP	1240 PLACETAS AVE MIAMI, FL 00000		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	13700	RINE GALLAG	1149	)		
TITLE	D	DELETE		hara-estara <sup>-1</sup>	/ FU: 331	83	(X) Change	Addition	
NAME	TAYLOR, ELMIRA	_	1	VPD ELMIDA	αντανία γ		LA Change	ווייייייייייייייייייייייייייייייייייייי	
STREET ADDRESS	13700 SW 62ND STREET #110	0	3.3 STREET ADDRESS	13700	A TAYLOR SW 62 ST.	# 110		Ì	
CITY-ST-ZIP	MIAMI, FL 00000		3.4. CITY-ST-ZIP	MIAMI,	FL. 3318	3			
TITLE	P	DELETE		S/D		<del></del>	Change	Addition	
NAME	BELL, DON		4. 2 NAME	SHELLY	ISAACS SW 62 ST.				
STREET ADDRESS	13700 SW 62 ST #229		4.3 STREET ADDRESS	13700	SW 62 ST.	#248			
CITY - ST - ZIP	MIAMI, FL 00000			MIMI,	FL. 33183			ľ	
TITLE	Ť	<b>∑</b> DELETE	5 1 TITLE	on: ר	<del>y</del>		☐ Change	Addition	
NAME	MOSS, LISA E		5.2 NAME	AÑDY G	ORFF :				
STREET ADDRESS	13700 SW 62ND ST #148				SW 62 ST.	#238			
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	,IMAIN	FJr. 3318:	3			
TITLE	VP	<b>X</b> IDELETE		D			Change	☐ Add₁tion	
NAME	STEFANICK, JIM		6.2 NAME	GUILLE	ERMO VEGA	11 400		1	
STREET ADDRESS	4222 INVERRARY BLVD. #4509	}	6.3 STREET ADORESS	I3/UU MIAMI,	SW 62 ST.				
CITY-ST-ZIP	LAUDERHILL FL		E 6.4 CDY-ST-7IP	•		-			
14. I do hereb	y certify that the information supplied wit	th this filing is voluntarily furnish	ed and does not qual	lify for the exe	emption stated in Section	119.07(3)(k)	Florida Statute	es 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR