FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 735397

KENDALL HEIGHTS COMMUNITY ASSOCIATION, INC.

Principal Place of Bus
9380 SUNSET DRIVE
SUITE 250
MARK EL 22172

Mailing Address

9380 SUNSET DRIVE SUITE 250 MIAMI FL 33173



03-10-1999 90190 046 ****70.00

2. Principal P	2. Principal Place of Business Za. Mailing Address				on octoor dualited			
21 13250 SW 135 AVE 26 13250 SW			35 AVE		03/26/1976			
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	 	lied For	
22		27			59-1669309		Applicable	
City & Stat		City & State			5. Certifcate of Status Desired	\$8.75 A		
23 MIAMI	FL	28 MIAMI F			A	Fee Rec	·	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 r		
24 33186 25 DADE 29 33186 30 D			O DAI)E	Trust Fund Contribution	Added to	Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
			81	Name	•			
SKLRD, INC.				82 Street Address (P.O. Box Number is Not Acceptable)				
201 ALHAMBRA CIRCLE, SUITE 1102								
CORAL GABLES FL 33134					•			
COMALG	ABLES FL 33134		-	0		85 Zip C	`ode	
			84	City	FÌ	_ 85 2100	,oue	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes	, the abov	e-named	corporation submits this statement for the purpose of	f changing its	registered	
l office or r	egistered agent, or both, in the State of	i Florida. Such change was ลบบ	norizea dy	tne corpo	pration's board of directors. I hereby accept the appo	intment as reg	jistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	ia Statutes	-				
SIGNATURE	Signature, typed or printed name of registered agent	(MOTE O	agistand Age	-t elemeture e	equired when reinstating) DATE			
12.	OFFICERS AND		13.	n signotora ti	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	VPD	DELETE	1.1 TITLE		S/D	Change	Addition	
	***	A	1.2 NAME		•		Λ	
NAME	FRIEDMAN, LISA			TADORESS	WILLIAM MARQUEZ		,	
STREET ADDRESS	10,00 1111 02110 011 11 110				13700 SW 62 St. #231			
CITY-ST-ZIP	MIAM1 FL 33183	□ DELETE	1.4 CITY- S 2.1 TITLE	1-212	MIAMI FL 33183	Change	Addition	
TITLE	T/D	DETELE			D		X	
NAME	BROWN, GRACE		2.2 NAME		Angela Lissette Aspra			
STREET ADDRESS	13700 SW 62 ST, 128			TADORESS	13700 SW 62 St. #132			
CITY-ST-ZIP	MIAMI FL	#	2.4 CITY-	ST-ZIP	MIAMI FL 33183	Change	Addition	
TITLE	D	A DELETE	3.1 TITLE		D	Cliange	X Addition	
NAME	SEIGEL, ED		3.2 NAME		BELKYS DIAZ-MARQUEZ			
STREET ADDRESS	13700 SW 62 ST, 247		3.3 STREE	TADDRESS	13700 SW 62 St. #231	. ,	•	
CITY-ST-ZIP	MIAMI FL 33183		3.4. CITY-	ST-ZIP	MTAMT, FL 33183			
TITLE	P/D	☐ DELETE	4.1 TITLE		P/D	Change	☐ Addition	
NAME	ISAACS, SHELLY		4. 2 NAME		SHELLEY F. ISAACS			
STREET ADDRESS			4.3 STREE	TADDRESS	13700 SW 62 St. #248			
CITY-ST-ZIP	MIAMI FL 33183		4.4 CITY-S	T-ZIP	MTAMT. FL 33183			
TITLE	D	₩ DELETE	5.1 TITLE		D	Change	Addition	
NAME	AGUILUZ, ORLANDO		5.2 NAME		HECTOR SILES		;	
STREET ADDRESS			5.3 STREE	TADDRESS	13700 SW 62 St. #219			
CITY-ST-ZIP	MIAMI FL		5.4 CITY- S	T-ZIP	MIAMI, FL 33183			
TITLE	D D	₩ DELETE	6.1 TITLE		THE PROPERTY OF THE PARTY OF TH	☐ Change	☐ Addition	
NAME	-	TT.	6.2 NAME		· ·	,		
	SEGURA, CARLOS		1	T ADDRESS				
STREET ADDRESS	13700 SW 62 ST, 114						į	

MIAMI FL 33183 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, or ongal attachment with an address, with all other like empowered.

SIGNATURE