

FILE NOW: FILING FEE AFTER MAY 11 IS \$165.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:09

DOCUMENT # 743949 (0)

1. Corporation Name
THE GARDENS OF KENDALL CONDOMINIUM NO. 1, ASSOCIATION, INC.

Principal Place of Business Mailing Address

C/O D. BURT
12079 S.W. 131ST AVENUE
MIAMI FL 33186

C/O D. BURT
12079 S.W. 131ST AVENUE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/17/1978** 3a. Date of Last Report **03/23/1994**

4. FEI Number **59-1843562** 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 10425 S.W. 112 Avenue 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Miami, FL 33176 27

City & State City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

HYMAN, MICHAEL ESQ.
14TH FLOOR COURTHOUSE TOWER
44 W. FLAGLER ST., STE. 1400
MIAMI FL 33130

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, Suite #1102

83

84 City **Coral Gables** 85 Zip Code **FL 33134**

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 **SKRLD, Inc. by *Salomon Arauz*** DATE **2/16/95**

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAYLOR, DONALD
STREET ADDRESS	8308 MILLS DRIVE, #378
CITY-ST-ZIP	MIAMI FL
TITLE	VTD
NAME	CLARK, CHARLES
STREET ADDRESS	10425 S.W. 112TH AVE., #301
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	TAYLOR, RENATA
STREET ADDRESS	8308 MILLS DRIVE, #378
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	STEIN, MARVIN
STREET ADDRESS	11411 S.W. 131ST AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BLOOM, JIM
STREET ADDRESS	10425 S.W. 112TH AVE., #113
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T/D Clark, Charles
2.3 STREET ADDRESS	10425 S.W. 112th Ave., #301
2.4 CITY-ST-ZIP	Miami, FL 33176
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Arauz, Salomon
4.3 STREET ADDRESS	10425 S.W. 112 Ave., #226
4.4 CITY-ST-ZIP	Miami, FL 33176
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bloom, Jim
5.3 STREET ADDRESS	10425 S.W. 112 Ave., #113
5.4 CITY-ST-ZIP	Miami, FL 33176
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 119.07(3)(h), 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 317, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles J. Clark Jr.* *Salomon Arauz* *Jim Bloom* **2/8/95 (255-3000)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER (Title)