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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT #

743949

(0)

FILED Mar 27 1998 8:00am Secretary of State

THE G/ ATION,	ardens of Kendall Co , inc.	ONDOMINIUM NO. 1, i	ASSOCI							
Principal Piace	e of Business	Mailing Address					II WARIU PAIR DIWA 1		0 4	
10425 SW 112 AVENUE 12079 S.W. 131ST AVENUE MIAMI FL 33176 US		C/O D. BURT 12079 S.W. 131ST AVENUE MIAMI FL 33186				Pate Incorporated or Qua 08/17/1978 El Number	alified	[A	oplied For	
						59-1843562		N	ot Applicable	
2. Principal Pl 21	Place of Business	2a. Mailing Address 26			5 . C	Certificate of Status Desir	ed 🗆		Additional equired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution St.00 May B Added to Feet				
City & State	e	City & State			7. Is	this nonprofit corporation		ers associatio	n?	
Zip 24	Country 25	Zip 29	30	ntry		his corporation owes or i ersonal Property Tax du-			angible No	
	9. Name and Address of Curre	ent Registered Agent				ame and Address of N		d Agent		
				B1 Nam	10					
skrld ii 201 alh	NC IAMBRA CIRCLE			82 Stree	et Address (P.O	ddress (P.O. Box Number is Not Acceptable)				
SUITE 11	102			83						
CORAL 6	GABLES FL 33134			84 City			FI	85 Zip	Code	
11. Pursuant to office or reagent. La	to the provisions of Sections 617.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	502 and 617.1508, Florida State of Florida. Such change was gations of, Section 617.0503,	tutes, the ab a authorized Florida Stat	ove-name by the coutes.	ed corporation s orporation's boa	submits this statement for ard of directors. I hereby	r the purpose accept the ap	of changing i opointment as	s registered registered	
SIGNATURE _	to the provisions of Sections 617.05 egistered agent, or both, in the Station familiar with, and accept the oblig Signature, typed or printed name of registered agency.	gent and title if applicable. (f	NOTE: Registered		ure required when rela	nstatin g }	DATE			
SIGNATURE _	Signature, typed or printed name of registered ag	gent and title if applicable. (F	NOTE: Registered	Agent signat	ure required when rela		DATE	ID DIRECTOR		
SIGNATURE _	Signature, typed or printed name of registered at OFFICERS AT	gent and title if applicable. (f	NOTE: Registered	Agent signat	ure required when rela	nstatin g }	DATE		S IN 12	
SIGNATURE _	Signature, typed or printed name of registered as OFFICERS AT PD ARAUZ, SALOMON	gent and title if applicable. (FIND DIRECTORS	13. 1.1 T/I	Agent signat	nure required when rele AD	nstatin g }	DATE	ID DIRECTOR	S IN 12	
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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 ill-changed, or on apartic

Steve Dirse, President

2/22/98