

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 747387 (9)

1. Corporation Name

THE GARDENS OF KENDALL CONDOMINIUM NO. 5 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10975 S.W. 107 ST
MIAMI FL 33176
US

C/O DIANE BURT
12079 SW 131 AVE.
MIAMI FL 33186
US

3. Date incorporated or Qualified 05/25/1979
3a. Date of Last Report 03/23/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	Not Applicable
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
24	Zip	29	Zip	7.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	\$5.00 May Be Added to Fees
25	Country	30	Country	8.		Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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. 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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITZ, JAMES JOHN A.	1.2 NAME	SCHMITZ, JOHN A.
STREET ADDRESS	10975 SW 107 ST., #203	1.3 STREET ADDRESS	10975 SW 107 ST., #203
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL
TITLE	VPDT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, BILL	2.2 NAME	
STREET ADDRESS	10975 SW 107 ST #111	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYSKIWI, LINDA	3.2 NAME	
STREET ADDRESS	10975 SW 107 ST., #303	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALZMAN, ELEANOR	4.2 NAME	
STREET ADDRESS	10975 SW 107 ST., #116	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JACK	5.2 NAME	
STREET ADDRESS	R.R. #1, BOX 79	5.3 STREET ADDRESS	
CITY-ST-ZIP	MANTENO IL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Schmitz
John A. Schmitz
President

25 January 1996 305-279-0697
Date Daytime Phone #

CR2E037 (12/95)