FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT** #

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(9)

THE GARDENS OF KENDALL CONDOMINIUM NO. 5 ASSOCIA

Feb 05 1998 8:00am	ì
Secretary of State	

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	TION, INC.											
Principal Place of Business			Mailing Address				7	4 300111 30011 31011 20000 13101 10041 10041 01616 011		(IDIO BIDDI DIDI) (ED)		
10975 S.W. 107 ST MIAMI FL 33176 US		C/O DIANE BURT 12079 SW 131 AVE. MIAMH FL 33186 US				3. Date Incorporated or Qualified 05/25/1979 4. FEI Number			Applied For			
					"	59-1908957		Not Applicable				
2. 21	Principal Place of Bus	iness	2a. Mailing Address 26				5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
23	City & State		City & State					7. Is this nonprofit corporation a homeowners association? Yes No				
24		Country 25	Zip 29	29 30			8. This corporation owes or has paid the current year Interest Personal Property Tax due June 30.					
9. Name and Address of Current Registered Agent						10.	Name and Address of New Registered	Agent				
					81	Name						
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134					82	Street Addr	Address (P.O. Box Number is Not Acceptable)					
					83							
OUTUL SUPER I C 33 134					84	City		FL	85	Zip Code		
11	 Pursuant to the provision office or registered a 	sions of Sections 617.0	0502 and 617,1508, Florida ate of Florida, Such change	Statutes, the ab	ove I by	-named corp	oratio	n submits this statement for the purpose oppored of directors. I hereby accept the app	chang	ing its 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 applicable (NOTE: Registered Agent signature required when reinstating) DATE:												
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS A		S IN 12						
TITLE	PD	DELETE	1.1 TITLE	TREAS	☐ Change	Addition						
NAME	SCHMITZ, JOHN A.		1.2 NAME	John W Kennedy 1007 55 #305								
STREET ADDRESS	10975 SW 107 ST., #203		1.3 STREET ADDRESS	10975 SW 107 ST#305								
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	Miane 1-2 33/76								
TITLE	VPDT	DELETE	2.1 TITLE	10	X Change	Addition						
NAME	JAMES, BILL		2.2 NAME	James, Bill								
STREET ADDRESS	10975 SW 107 ST #111		2.3 STREET ADDRESS	James, Bill 10975 SW 107 ST #111								
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP	Miami 1-2 33176								
TITLE	\$D	☐ DELETE	3.1 TITLE		Change	Addition						
NAME	Myskiw, 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	DELETE	4.1 TITLE		Change	☐ 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	DELETE	5.1 TITLE		☐ Change	Addition						
NAME	MORAN, JACK		5.2 NAME									
STREET ADDRESS	R.R. #1, BOX 79		5.3 STREET ADDRESS									
CITY-\$T-ZIP	MANTENO IL		5.4 CITY-ST-ZIP									
TITLE		☐ DELETE	6.1 TITLE		Change	Addition						
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
CITY ST-7IP			6.4 CITY - ST - ZIP									

14- CITY-ST-ZIP
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 on an attachment with an address.

SIGNATURE: