

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

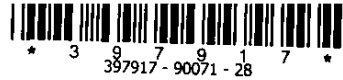
04-23-1999 90071 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **747387^{OC}**
 1. Corporation Name
The Gardens of Kendall Condominium #5 Association, Inc.



Principal Place of Business
10975 SW 107 St.
Miami, FL 33176

Mailing Address
12079 SW 131 Avenue
Miami, FL 33186
c/o Diane Burt

21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
		26	The Continental Group, Ltd.		05/25/1979
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number
		27	12079 SW 131 Avenue		59-1908957
23	City & State	28	City & State	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
			Miami, FL	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip		
		30	Country		
25	Country				
			USA		

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
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kennedy, John W	1.2 NAME	Mirsky, Edward
STREET ADDRESS	10975 SW 107 St., #305	1.3 STREET ADDRESS	10975 SW 107 St., #216
CITY-ST-ZIP	Miami, FL 33176	1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill, James	2.2 NAME	Campisa, Mike
STREET ADDRESS	10975 SW 107 St., #111	2.3 STREET ADDRESS	10975 SW 107 St., #118
CITY-ST-ZIP	Miami, FL 33176	2.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myskiw, Linda	3.2 NAME	De Los Reyes, Aurora
STREET ADDRESS	10975 SW 107 St., #303	3.3 STREET ADDRESS	10975 SW 107 ST., #113
CITY-ST-ZIP	Miami, FL 33176	3.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Salzman, Eleanor	4.2 NAME	Vulcain, Odette
STREET ADDRESS	10975 SW 107 ST., #116	4.3 STREET ADDRESS	10975 SW 107 ST., #307
CITY-ST-ZIP	Miami, FL 33176	4.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	D <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moran, Jack	5.2 NAME	
STREET ADDRESS	ROR. #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 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 with all other like empowered.

SIGNATURE: _____ Date: **04/13/99** Daytime Phone #: **(305) 258-3000**

CR2E037 (1/98)