

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **749359** (6)

95 MAY -1 AM 10:15

1. Corporation Name

KENDALL HOMEOWNERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REMITTED BY MAY 1

Principal Place of Business

Mailing Address

7120 SW 95 ST
P O DRAWER 431456
MIAMI FL 33156-3037

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P O DRAWER 431456
MIAMI FL 33156-3037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/16/1979** 3a. Date of Last Report **05/11/1994**

4. FEI Number **59-2499125** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OPPENHEIMER, DOUGLAS
9631 SW 72 COURT
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD**
NAME **MENDOZA, LAWRENCE**
STREET ADDRESS **9600 SW 72ND CT**
CITY - ST - ZIP **MIAMI, FL 0**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **VD**
NAME **STEINBAUER, JOHN**
STREET ADDRESS **9500 SW 73RD AVE**
CITY - ST - ZIP **MIAMI, FL 0**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **PD**
NAME **KRAMER, ALBERT**
STREET ADDRESS **7120 SW 95TH ST**
CITY - ST - ZIP **MIAMI, FL 0**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **D**
NAME **OPPENHEIMER, DOUGLAS**
STREET ADDRESS **9631 SW 72 COURT**
CITY - ST - ZIP **MIAMI, FL 00000**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **VD**
NAME **CHRISTENSEN, HOPE MARCUS**
STREET ADDRESS **9595 SW 73 AVENUE**
CITY - ST - ZIP **MIAMI FL**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **SD**
NAME **SIMON, DAVA**
STREET ADDRESS **9215 SW 71ST AVE**
CITY - ST - ZIP **MIAMI, FL 0**

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 or change (A), or (B) in attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (305) 667-9922
Date (Day/Mo/Yr)