

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 749359

1. Corporation Name  
Kendall Homeowners, Inc.

Principal Place of Business Mailing Address

7120 S.W. 95th St. P.O. Drawer 431456  
P.O. Drawer 431456 Miami, Fl. 32243  
Miami, Fla. 33156-3037

3. Date Incorporated or Qualified 10/16/79  
3a. Date of Last Report

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

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.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

Oppenheimer, Douglas  
9631 S.W. 72nd Court  
Miami, Fla. 33156

10. Name and Address of New Registered Agent

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 617.0502 and 617.150B, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T.D.	<input type="checkbox"/> DELETE
NAME	Mendoza, Lawrence	
STREET ADDRESS	9600 S.W. 72nd Court	
CITY-ST-ZIP	Miami, Fla. 33156	
TITLE	V.O.	<input type="checkbox"/> DELETE
NAME	Steinbauer, John	
STREET ADDRESS	9500 S.W. 73rd Ave.	
CITY-ST-ZIP	Miami, Fla. 33156	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Kramer, Albert	
STREET ADDRESS	7120 S.W. 95th St.	
CITY-ST-ZIP	Miami, Fla. 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Oppenheimer, Douglas	
STREET ADDRESS	9631 S.W. 72nd Court	
CITY-ST-ZIP	Miami, Fla. 33156	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	Hope Marcus Christenson	
STREET ADDRESS	9545 S.W. 73rd Ave.	
CITY-ST-ZIP	Miami, Fla. 33156	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Simon, Dava	
STREET ADDRESS	9215 S.W. 11st Ave.	
CITY-ST-ZIP	Miami, Fla. 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME 800002220188--5

1.3 STREET ADDRESS -06/23/97--01130--008

1.4 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP  Change  Addition

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP  Change  Addition

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP  Change  Addition

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP  Change  Addition

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:  6/13/97 (305) 667-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)