

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 753586 (7)**  
1. Corporation Name  
**KENDALL GLENN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
C/O TPS MANAGEMENT P.O. BOX 661554 MIAMI SPRINGS FL 33266	C/O TPS MANAGEMENT P.O. BOX 661554 MIAMI SPRINGS FL 33266

3. Date Incorporated or Qualified <b>08/01/1980</b>	3a. Date of Last Report <b>04/24/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2168691</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FRISCHER, STEVEN L. ESQ**  
**7600 RED ROAD**  
**SUITE 224**  
**S. MIAMI FL 33143**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LD</b> <b>LANDY, DAVID</b>	1.2 NAME	<b>D/P</b> <b>Allan Bonilla</b>
STREET ADDRESS	<b>7840 SW 86TH ST. #21</b>	1.3 STREET ADDRESS	<b>7850 SW 86 street #14</b>
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33143</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DT</b> <b>HAMILTON, HENRY-McHENRY</b>	2.2 NAME	
STREET ADDRESS	<b>7860 SW 86 STREET #25</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>LOVETT, JANATH</b>	3.2 NAME	
STREET ADDRESS	<b>7880 SW 86TH ST #03</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD</b> <b>LOPEZ-PERCEIRA, JORGE</b>	4.2 NAME	
STREET ADDRESS	<b>7880 SW 86TH ST #5</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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]* \_\_\_\_\_ Date: **4-20-96** Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)