

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 024 ****61.25

DOCUMENT # **753586**
Corporation Name
KENDALL GLENN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O GLOBAL INVESTMENT PROPERTIES, INC.
306 ALCAZAR AVENUE SUITE # 303
CORAL GABLES, FL 33134-4318

Principal Place of Business C/O GLOBAL INV. PROPERTIES	2a. Mailing Address 306 ALCAZAR AVE. # 303	3. Date Incorporated or Qualified
Suite, Apt. #, etc. Suite 303	Suite, Apt. #, etc.	4. FEI Number 59-2168691
City & State Coral Gables, FL	City & State	5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required
Zip 33134-4318	Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> May Be Added to Fees

9. Name and Address of Current Registered Agent Global Investment Properties, Inc. 306 Alcazar Avenue # 303 Coral Gables, FL 33134	10. Name and Address of New Registered Agent 81 Name HILDEGARDE LESCHHORN 82 Street Address (P.O. Box Number is Not Acceptable) 306 Alcazar Avenue # 303 83 84 City Coral Gables FL 85 Zip Code 33134-431
---	---

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 *Hildegarde Leschhorn* (NOTE: Registered Agent signature required when retaking) DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE NAME Bonilla, Allan STREET ADDRESS 7850 SW 86 Street # 14 CITY-ST-ZIP Miami, FL 33143	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE DT	<input type="checkbox"/> DELETE NAME Hamilton, Henry STREET ADDRESS 7860 SW 86 Street # 25 CITY-ST-ZIP Miami, FL 33143	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE DS	<input type="checkbox"/> DELETE NAME Lovett, Janath STREET ADDRESS 7880 SW 86 Street # 03 CITY-ST-ZIP Miami, FL 33143	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE	<input type="checkbox"/> DELETE	4.2 NAME Sparks, Jack	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS 7880 SW 86th Street # 06	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP Miami, FL 33143	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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: *Allan Bonilla* *Allan Bonilla* 5-31-99 (305) 443-0047 A-9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #