

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755713 (5)

1. Corporation Name

KENLAND BEND SOUTH CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

% GUARANTEE MANAGEMENT SRVS
11 FOUNTAINEBLEAU BLVD.
MIAMI FL 33172-4507% GUARANTEE MANAGEMENT SRVS
11 FOUNTAINEBLEAU BLVD.
MIAMI FL 331723. Date Incorporated or Qualified
12/30/19803a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Lakeview Management

26 13388 SW 128 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33186

25 USA

29 33186

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYMAN, MICHAEL ATTORNE
44 WEST FLAGLER STREET
MIAMI FL 33130

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 617.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ESTEVEZ, AIDA	
STREET ADDRESS	9030 SW 125 AVE E 307	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LLACA, CARMEN	
STREET ADDRESS	9010 S.W. 125 AVE., G-102	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SEEHerman, HARRIET	
STREET ADDRESS	9040 SW 125 AVE D 208	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SYLER, ROSS	
STREET ADDRESS	9040 SW 125 AVE D 202	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, VIOLETTA	
STREET ADDRESS	9040 S.W. 125 AVE., D-208	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	ADOLFO NONES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		9010 SW 125 Avenue	
1.3 STREET ADDRESS		Miami, Florida 33186	
1.4 CITY-ST-ZIP		G407	
2.1 TITLE	D	MARINA ASON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		9010 SW 125 Avenue G208	
2.3 STREET ADDRESS		Miami, Florida 33186	
2.4 CITY-ST-ZIP			
3.1 TITLE	S,VP	ELIZABETH RISI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		9040 SW 125 Avenue D101	
3.3 STREET ADDRESS		Miami, Florida 33186	
3.4 CITY-ST-ZIP			
4.1 TITLE	T	EDNA ORTIZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		9030 SW 125 Avenue E309	
4.3 STREET ADDRESS		Miami, Florida 33 86	
4.4 CITY-ST-ZIP			
5.1 TITLE		Sonia Franquiz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D	9010 SW 125 Avenue G 107	
5.3 STREET ADDRESS		Miami FL 33186	
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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:

Adolfo Nones SIGNED

2/14/97

271-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070003

CR2E037 (9/96)