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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 763

763757

(2)

1. Corporation Name									
KENDALL CROSSINGS COMMERCE CENTER CONDOMINIUM AS SOCIATION, INC.									
Principal Place of Business Mailing Address							T LEWILL IN BLAN DISON COLOR BOOK BOOK BOOK BOOK BOOK BOOK BOOK BO	ADUS BENES MINIT DININ 1006	
12150A SW 131 AVE. 7885 SW 108 ST MIAMI FL 33186 MIAMI FL 33156-3613									
							3. Date Incorporated or Qualified 3a. Date 06/23/1982 05	of Last Report /20/1996	
2. Principal P	2a. Mailing 26	Address			4. FEI Number 59-2369570	Applied For Not Applicable			
Sulte, Apt. #, etc. Su 22 27				Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State City & State					<del></del>		6. Election Campaign Financing	\$5.00 May Be	
23	<del></del>	- Country		Zip Country			Trust Fund Contribution Added to Fees		
Zip 24	` <del> -</del> ¬		Zip	<b>├</b>		,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	4 25 29 3 9. Name and Address of Current Registered Agent						Florida Statutes Yes No  10, Name and Address of New Registered Agent		
81 Name									
KENNEDY, TYRONE G						Street Ar	Address (P.O. Box Number is Not Acceptable)		
7885 SW 108 ST					82	Oli Ool Ac	todiess (1.0. box Normber is Not Acceptable)		
MIAMI FL 33156									
					64	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 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 regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE .		or printed name of registers	E WWE OY ed agent and title if applicable	. (NOTE	: Register Age	ent doporture re	POWER (13/19)  Paguired what reinstating)  DATE		
12.			AND DIRECTORS		13	-	ADDITIONS/CHANGES TO OFFICERS AND DI	IRECTORS IN 12	
TITLE	VD			DELETE	1.1 TITLE			Change Addition	
NAME		MELVYN			1.2 NAME				
STREET ADDRESS		W 131 AVE			1.3 STREET	ADDRESS		į	
CITY-ST-ZIP	MIAMI FI	<u> </u>		DELETE	1.4 City-St-ZiP			Total Talance	
TITLE	PD			□ DELETE	2.1 TITLE		L	Change L_ Addition	
NAME STREET ADDRESS					2.2 NAME	ADDDECC			
CITY-ST-ZIP	4814441 84					ADDRESS			
TITLE	STD	<u>, , , , , , , , , , , , , , , , , , , </u>	- <u> </u>	DELETE	2. 4 CITY - : 3.1 TITLE	31-21		Change Addition	
NAME		Y, TYRONE G			3.2 NAME	)			
STREET ADDRESS		/ 108 ST			3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI F	<u> </u>			3.4. CITY-	ST - ZIP			
TITLE	TD		Į.	DELETE	4.1 TITLE			Change	
NAME	CRAIG, \				4. 2 NAME				
STREET ADDRESS		W 131 AVE			4.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FI			DELETE	4.4 CITY - S	T-ZIP		Change Addition	
TITLE	TD	TUOMAG	L	_ DELETE	5.1 TITLE		L	Change	
NAME STORET ADDOCCO		E, THOMAS J. W 131 AVE			5.2 NAME	PDD0100			
STREET ADDRESS	MIAMI FI				5.3 STREET			İ	
CITY-ST-ZIP TITLE	WILL THE	<u> </u>		DELETE	5.4 DITY-S 6.1 TITLE	01 • ZIF		Change Addition	
, NAME					6.2 NAME		_	, stage resoluti	
STREET ADDRESS					6.3 STREET	ADDRESS			
								ì	

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.

7/2/60

**FILED** 

Aug 06 1997 8:00am

Secretary of State