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Mar 12 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 # 768455 (8)

1. Corporation Name

KENLAND POINTE CONDOMINIUM I, INC.



Principal Place of Business

Mailing Address

C/O GUARANTEE MANAGEMENT SERVICES, INC.  
111 FONTAINEBLEAU BLVD.  
MIAMI FL 33172

C/O GUARANTEE MANAGEMENT SERVICES, INC.  
111 FONTAINEBLEAU BLVD.  
MIAMI FL 33172-4507

3. Date Incorporated or Qualified  
05/16/1983

3a. Date of Last Report  
03/07/1996

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

10. Name and Address of New Registered Agent

HYMAN, MIKE  
HYMAN AND KAPLAN  
44 W. FLAGLER STREET, SUITE #1400  
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

3/4/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ANDERSON, ROBERT  
STREET ADDRESS 9015 SW 125TH AVENUE, #N-207  
CITY-ST-ZIP MIAMI FL

DELETE

1.1 TITLE PD  
1.2 NAME Melissa Albury-Fernandez  
1.3 STREET ADDRESS 9015 S.W. 125 Avenue N-407  
1.4 CITY-ST-ZIP Miami, FL 33186

Change  Addition

TITLE TD  
NAME NELLY, LEONE  
STREET ADDRESS 9022 SW 123RD COURT, #0-307  
CITY-ST-ZIP MIAMI FL

DELETE

2.1 TITLE TD  
2.2 NAME Robert Anderson  
2.3 STREET ADDRESS 9015 S.W. 125 Avenue N-207  
2.4 CITY-ST-ZIP Miami, FL 33186

Change  Addition

TITLE VPD  
NAME FERNANDEZ, MELISSA  
STREET ADDRESS 9015 SW 125ND AVENUE  
CITY-ST-ZIP MIAMI FL

DELETE

3.1 TITLE VPD  
3.2 NAME Juan Vilella  
3.3 STREET ADDRESS 9020 S.W. 123 Ct. 0-405  
3.4 CITY-ST-ZIP Miami, FL 33186

Change  Addition

TITLE S  
NAME MITNICK, ROBERTA  
STREET ADDRESS 9015 S.W. 125 AVENUE, N-304  
CITY-ST-ZIP MIAMI FL 33186

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

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:

Melissa Albury-Fernandez

3/3/97

(305) 599-3244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032504

CR2E037 (9/96)