

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified  
05/16/1983  
4. FEI Number  
59-2379511  
Applied For Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
HYMAN, MIKE  
HYMAN AND KAPLAN  
44 W. FLAGLER STREET, SUITE #1400  
MIAMI FL 33130

10. Name and Address of New Registered Agent  
81 Name  
HYMAN, MIKE  
82 Street Address (P.O. Box Number is Not Acceptable)  
HYMAN & KAPLAN, P.A.  
83 150 WEST FLAGLER ST., STE. 2701  
84 City MIAMI FL 85 Zip Code 33130

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]* DATE 2/10/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	ANDERSON, ROBERT	1.2 NAME	SOLVIA TORRES
STREET ADDRESS	9015 SW 125TH AVENUE, #N-207	1.3 STREET ADDRESS	9022 SW 123 Ct., 0-108
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	PD	2.1 TITLE	
NAME	ALBURY-FERNANDEZ, MELISSA	2.2 NAME	
STREET ADDRESS	9015 SW 125 AVENUE N-407	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	VPD
NAME	FERNANDEZ, MELISSA	3.2 NAME	LOUIS ALVO
STREET ADDRESS	9015 SW 125ND AVENUE	3.3 STREET ADDRESS	9022 SW 123 Ct., 0-206
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VPD	4.1 TITLE	D
NAME	VILELLA, JUAN	4.2 NAME	JUAN VILELLA
STREET ADDRESS	9020 SW 123 CT 0-405	4.3 STREET ADDRESS	9022 SW 123 Ct., 0-405
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE		5.1 TITLE	SD
NAME		5.2 NAME	ROBBIE MITNICK
STREET ADDRESS		5.3 STREET ADDRESS	9015 SW 125 Ave., N-304
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *[Signature]* DATE 2/9/98

CR2E037 (10/97)