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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 768455

1. Corporation Name

KENLAND POINTE CONDOMINIUM I, INC.

Principal Place of Business

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

Mailing Address

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



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221437 - 90181 - 23

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/16/1983

4. FEI Number

59-2379511

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HYMAN, MIKE
HYMAN & KAPLAN, PA
150 W FLAGLER ST SUITE 2701
MIAMI FL 33130

10. Name and Address of New Registered Agent

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)

3/12/99 - DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME TD
STREET ADDRESS TORRES, SILVIA
CITY-ST-ZIP 9022 SW 123 CT O-108 MIAMI FL 33186

TITLE DELETE
NAME PD
STREET ADDRESS ALBURY-FERNANDEZ, MELISSA
CITY-ST-ZIP 9015 SW 125 AVENUE N-407 MIAMI FL

TITLE DELETE
NAME VPD
STREET ADDRESS ALVO, LOUIS
CITY-ST-ZIP 9022 SW 123 CT O-206 MIAMI FL 33186

TITLE DELETE
NAME D
STREET ADDRESS VILELLA, JUAN
CITY-ST-ZIP 9022 SW 123 CT O-405 MIAMI FL 33186

TITLE DELETE
NAME SD
STREET ADDRESS MITNICK, ROBBIE
CITY-ST-ZIP 9015 SW 125 AVE N304 MIAMI FL 33186

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

NOT REPLACED

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/10/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)