

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02268 (3)

1. Corporation Name

THE GARDENS AT KENDALE LAKES CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address

**13500 N. KENDALL DRIVE
SUITE 140
MIAMI FL 33186**

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SUITE 140
MIAMI FL 33186**

3. Date Incorporated or Qualified

03/28/1984

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 9380 Sunset Drive

26 9380 Sunset Drive

4. FEI Number

59-2431258

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

22 B-250

27 B-250

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

Zip

Country

Zip

Country

24 33173

25 U.S.A.

29 33173

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOTYCZKA, WILLIAM J.
13410 SW 128 ST
PARK PLACE OF KENDALL
MIAMI FL 33186**

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 officer 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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **URBANDT, BERNARDO PABLO**

1.2 NAME

STREET ADDRESS **8000 SW 152 CT #102**

1.3 STREET ADDRESS

CITY-ST-ZIP **MIAMI FL**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **MOORE, PAMELA J.**

2.2 NAME

STREET ADDRESS **8050 SW 152 COURT #412**

2.3 STREET ADDRESS

CITY-ST-ZIP **MIAMI FL**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **SD**

3.2 NAME

STREET ADDRESS **COOPER, KATHY**

3.3 STREET ADDRESS

CITY-ST-ZIP **8020 SW 152ND AVE #304**

3.4 CITY-ST-ZIP

MIAMI FL

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D**

4.2 NAME

STREET ADDRESS **ATIENZA, OLGA**

4.3 STREET ADDRESS

CITY-ST-ZIP **8060 SW 152 AVENUE #406**

4.4 CITY-ST-ZIP

MIAMI, FLORIDA 33196

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached copy with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)