

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 13500 N. KENDALL DRIVE SUITE 140 MIAMI FL 33186	Mailing Address 13500 N. KENDALL DRIVE SUITE 140 MIAMI FL 33186
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3. Date Incorporated or Qualified 03/28/1984	3a. Date of Last Report 03/16/1995
4. FEI Number 59-2431258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9380 Sunset Drive Suite, Apt. #, etc.	2a. Mailing Address 26 9380 Sunset Drive Suite, Apt. #, etc.
22 B-250 City & State	27 B-250 City & State
23 MIAMI, FLORIDA Zip Country 24 33173 U.S.A.	28 MIAMI, FLORIDA Zip Country 29 33173 U.S.A.

<p style="text-align: center;">9. Name and Address of Current Registered Agent</p> <p>MOTYCZKA, WILLIAM J. 13410 SW 128 ST PARK PLACE OF KENDALL MIAMI FL 33186</p>	<p style="text-align: center;">10. Name and Address of New Registered Agent</p> <table border="1" style="width: 100%;"> <tr><td>81 Name</td></tr> <tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83</td></tr> <tr><td>84 City</td></tr> <tr><td style="text-align: center;">FL</td></tr> <tr><td>85 Zip Code</td></tr> </table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	FL	85 Zip Code
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD URBANDT, BERNARDO PABLO 8000 SW 152 CT #102 MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD MOORE, PAMELA J. 8050 SW 152 COURT #412 MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD COOPER, KATHY 8020 SW 152ND AVE #304 MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D ATIENZA, OLGA 8060 SW 152 AVENUE #406 MIAMI, FLORIDA 33196	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ (NOTE: Signature and typed or printed name of signing officer or director) _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)