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FILED

Apr 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

9380 SUNSET DRIVE
SUITE B-250
MIAMI FL 33173
US9380 SUNSET DRIVE
SUITE B-250
MIAMI FL 33173-3276
US3. Date Incorporated or Qualified
03/28/19843a. Date of Last Report
04/04/1996

4. FEI Number

59-2431258

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME URBANDT, BERNARDO PABLO
STREET ADDRESS 8000 SW 152 CT #102
CITY-ST-ZIP MIAMI FL1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME GLORIA PINEDA
1.3 STREET ADDRESS 8050 SW 152 AVE. #407
1.4 CITY-ST-ZIP MIAMI FL 33193TITLE TD ☐ DELETE
NAME MOORE, PAMELA J.
STREET ADDRESS 8050 SW 152 COURT #412
CITY-ST-ZIP MIAMI FL2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME COOPER, KATHY
STREET ADDRESS 8020 SW 152ND AVE #304
CITY-ST-ZIP MIAMI FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME GEORGE GORDON
3.3 STREET ADDRESS 8000 SW 152 CT
3.4 CITY-ST-ZIP MIAMI FL 33193TITLE D ☐ DELETE
NAME ATIENZA, OLGA
STREET ADDRESS 8060 SW 152 AVENUE #406
CITY-ST-ZIP MIAMI FL4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME ARSENIO LATORRE
5.3 STREET ADDRESS 8000 SW 152 AVE. 113
5.4 CITY-ST-ZIP MIAMI FL 33193TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032756

CR2E037 (9/96)