


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02268 (3)

1. Corporation Name
THE GARDENS AT KENDALE LAKES CONDOMINIUM ASSOCIATION, INC



Principal Place of Business 9380 SUNSET DRIVE SUITE B-250 MIAMI FL 33173 US	Mailing Address 9380 SUNSET DRIVE SUITE B-250 MIAMI FL 33173 US
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3. Date Incorporated or Qualified 03/28/1984	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2431258		
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

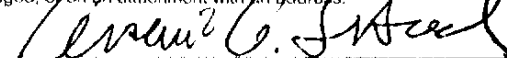
12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PINEDA, GLORIA	
STREET ADDRESS	8050 SW 152ND AVE, #407	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, PAMELA J.	
STREET ADDRESS	8050 SW 152 COURT #412	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, GEORGE	
STREET ADDRESS	8000 SW 152ND CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ATIENZA, OLGA	
STREET ADDRESS	8060 SW 152 AVENUE #406	
CITY-ST-ZIP	MIAMI F	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LATORRE, ARSENIO	
STREET ADDRESS	8000 SW 152ND AVE, #113	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PINEDA, GLORIA	
13 STREET ADDRESS	8050 SW 152ND AVE, #407	
14 CITY-ST-ZIP	MIAMI, FL	
21 TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MOORE, PAMELA J.	
23 STREET ADDRESS	8050 SW 152 COURT, #412	
24 CITY-ST-ZIP	MIAMI, FL	
31 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	FELIPE, MARIA	
33 STREET ADDRESS	8050 SW 152 AVE, #404	
34 CITY-ST-ZIP	MIAMI, FL	
41 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	PORTER, GARY	
43 STREET ADDRESS	8020 SW 152 AVE, #310	
44 CITY-ST-ZIP	MIAMI, FL	
51 TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	LATORRE, ARSENIO	
53 STREET ADDRESS	8000 SW 152ND AVE, #113	
54 CITY-ST-ZIP	MIAMI, FL	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 its 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: *x* 

CR2E037 (10/97)