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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N02268**

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



2. Principal Place of Business

21 13250 SW 135 Avenue

Suite, Apt. #, etc.

22 City & State

23 Miami, Florida

24 33186 25 Dade

2a. Mailing Address

26 13250 SW 135 Avenue

Suite, Apt. #, etc.

27 City & State

28 Miami, Florida

29 33186 30 Dade

3. Date Incorporated or Qualified

03/28/1984

4. FEI Number

59-2431258

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD DELETE
 NAME PINEDA, GLORIA
 STREET ADDRESS 8050 SW 152ND AVE, #407
 CITY-ST-ZIP MIAMI FL

TITLE TD DELETE
 NAME MOORE, PAMELA J.
 STREET ADDRESS 8050 SW 152 COURT #412
 CITY-ST-ZIP MIAMI FL

TITLE S DELETE
 NAME FELIPE, MARIA
 STREET ADDRESS 8050 SW 152ND AVE., #404
 CITY-ST-ZIP MIAMI FL

TITLE D DELETE
 NAME PORTER, GARY
 STREET ADDRESS 8020 SW 152ND AVE., #310
 CITY-ST-ZIP MIAMI F

TITLE PD DELETE
 NAME LATORRE, ARSENIO
 STREET ADDRESS 8000 SW 152ND AVE, #113
 CITY-ST-ZIP MIAMI FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR Change Addition
 1.2 NAME ATIENZA, OLGA
 1.3 STREET ADDRESS 13301 SW 88 Terrace #E
 1.4 CITY-ST-ZIP MIAMI, FLORIDA 33186

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99
 Date

Daytime Phone #

CR2E037 (1/98)