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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N12681

DOCUMENT # N12681	(5)				
1. Corporation Name KENDALL FORESTS OWNERS' ASS	OCIATION INC				
RENUALL FORESTS OWNERS ASS	OCIATION, INC.		I IBBNISH IN ILAN IND AND INC	JARA BARAL BURU BARAL BURU A	
Principal Place of Business	Mail ng Address				
,	•				
C/O A.M.A. MGMT 8762 SW 8TH ST	C/O A.M.A. MGMT 8762 SW 8TH ST				
MIAMI FL 33174 US	MIAMI FL 33174 US	•	Date Incorporated or Qualified	3a. Date of Last Re	eport
03	03		12/20/1985	09/05/199	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		oplied For
Suite, Apt. #, etc.	26 0/0 /4.//1.Д 1// Suite, Apt. #, etc.	GMT.	59-2693032		ot Applicable
22	27 8518 SW	8th #111	5. Certificate of Status Desired		Additional equired
City & State	City & State	~ / · · ·	6. Election Campaign Financing	_ \$5.00	
23	28 MIGMI -	- 1-/	Trust Fund Contribution		to Fees
Zip Country	29 3-3/4-U 3	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 1. }Yes □ No	99.032,
9. Name and Address of Current I		0 1992	10. Name and Address of New Re		
		81 Name	proles ar	11010	
MORALES, ANICIA		82 Street Addre	ss (P.O. Box Number is Not Acceptable	11-4 // /	/)
5050 NW 74 AVE. MIAMI FL 33166		83		SI # /	//
MIAMI FL 33100		$\perp \perp m$	19 m 1		
		84 City	-/	FL 85 Zip 0	144
 Pursuant to the provisions of Sections 617.0502 are or registered agent, or both, in the State of Florida, familiar with, and accept the obligations of, Section 	nd 617.1508, Florida Statutes, t	the above-named corpora	tion submits this statement for the purp	cose of changing its reg	gistered office
	617.0503 Florida Statutes.	Top The	Maria	A A A	G 4
SIGNATURE	title if anylicable. [NOTE: F	Registered Agent signature required	when reinslating)	DATE	76
12. OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	S IN 12
TITLE PD	DELETE	1.1 TITLE		Change	☐ Addition
NAME SUAREZ, MATTIE S STREET ADDRESS 11800 SW 80TH ST, #114		1.2 NAME			
CITY-ST-ZIP MIAMI FL 33186		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
TITLE TD	DELETE	2.1 TITLE		☐ Change	Addition
NAME ACUNA, MARINA		2.2 NAME			
STREET ADDRESS 11820 SW 80TH ST, #311		2.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL	DELETE	2. 4 CITY - ST - ZIP		Change	☐ Addition
TITLE VD NAME EDMUNDO, LOPEZ		3.1 TITLE 3.2 NAME		Change	☐ Addition
STREET ADDRESS 11820 SW 80TH ST. #315	·	3.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL		3.4. CITY-ST-ZIP			
TOTLE SD	☐ DELETE	4.1 TITLE	, , , , , , , , , , , , , , , , , , ,	☐ Change	Addition
NAME YOUVAL, ANDRE B		4. 2 NAME			
STREET ADDRESS 11830 SW 80TH ST, #411		4.3 STREET ADDRESS			
CHY-ST-ZIP MIAMI FL 33186		4.4 CITY-ST-ZIP		<u></u>	— 4.120
	DUELEZE	5.170706		☐ Chance	I I BOOTINGO I
I NAME I	DELETE	5.1 TITLE 5.2 NAME		☐ Change	☐ Addition
NAME STREET ADDRESS	☐ DELETE	5.2 NAME		☐ Change	Abdition
	□ DELETE			□ Change	Addition
STREET ADDRESS	□ DELETE	5.2 NAME 5.3 STREET ADDRESS			Addition Addition
STREET ADDRESS CITY-ST-ZIP	_	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
STREET ADDRESS CITY - ST - ZIP TITLE	_	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE			

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: