

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N19673 (5)**

1. Corporation Name  
**KENDALL PINES COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **12236 SW 132ND COURT MIAMI FL 33186**  
Mailing Address: **13000 S.W. 120TH ST. MIAMI FL 33186 US**

3. Date Incorporated or Qualified: **03/13/1987**  
3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **59-2685546**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

~~GERGORA, GEORGE~~  
~~12222 SW 132 CT~~  
~~MIAMI FL 33186~~

81 Name: **Ivanka M. Froyo**  
82 Street Address (P.O. Box Number is Not Acceptable): **13000 SW 120 Street**  
83  
84 City: **Miami, FL** 85 Zip Code: **33186**

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: *George Gergora* DATE: **3/14/96**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>V</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>GERGORA, GEORGE</b>        |  |
| STREET ADDRESS | <b>12222 SW 132 CT</b>        |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33186</b>         |  |
| TITLE          | <b>TD</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>KERLEW, DONALD</b>         |  |
| STREET ADDRESS | <b>12236 SW 132 CT</b>        |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33186</b>         |  |
| TITLE          | <b>P</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>VISSCHERS, RUDY</b>        |  |
| STREET ADDRESS | <b>12210 S.W. 132ND COURT</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33186</b>         |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>VON, BILL</b>              |  |
| STREET ADDRESS | <b>12206 S.W. 132ND COURT</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33186</b>         |  |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>PERRIN, RICK</b>           |  |
| STREET ADDRESS | <b>11046 S.W. 132ND PLACE</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33186</b>         |  |
| TITLE          |                               | <input type="checkbox"/> DELETE            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           | <b>600001765406</b>   |
| 53 STREET ADDRESS | <b>-04/02/96--01004--003</b>                                      |
| 54 CITY-ST-ZIP    | <b>***70.00</b>   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           | <b>32</b>   |
| 63 STREET ADDRESS | <b>4.1</b>  |
| 64 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 its receiver or trustee and 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: *George Gergora* DATE: **3/28/1996**

CR2E037 (12/95)