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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary or State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N21327

(4)

LE CLUB AT KENDALE LAKES CONDOMINIUM ASSOCIATION

INC.						
Principal Place of Bu	usiness	Mailing Address				
6560 S. W. 138 COURT UNIT 802 MIAMI FL 33183 US		6460 S. W. 138 COURT Unit 305 Miami Fl 33183 US				
				3. Date Incorporated or Qualified 06/26/1987	3a. Date of Last 02/17/19	
Principal Place of	f Business	2a. Mailing Address 26		4. FEI Number 65-0198117		Applied For Not Applicable
Suite, Apt. #, etc	s.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 7	Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it		199.032,
24	25	29	30		Yes No	
9.	Name and Address of Current	Registered Agent	81 Name 🔿	10. Name and Address of New R		
ZULLO, JOSE 6480 S.W. 13 UNIT 205	38 CT.		82 Street Abril	SOCIATES MAYAGEM FONTAN EBICAY BL	IGIT SERVICE	ies, IPC
MIAMI FL 331	183 /		84 City M (Alsi	FL 85 3	o Code
\sim		ind 617.1508, Florida Statutes a. Such change was authorized n 617.0503, Florida Statutes. PRESIDE	the above-named corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its rightness as registered	egistered office agent. I am
SIGNATURE Signation	ure, lyped or printed name of registered agent a		: Registered Agent signature require		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
TITLE		DETELE	1.1 TITLE		☐ Change	Addition Addition
	JLLO, JOSEPH		1.2 NAME			
J	60 S.W. 138 COURT, #305		1.3 STREET ADDRESS			
	IAMI FL	F-Inc. crc	14 CITY-ST-ZIP		Change	Addition
TITLE SI		☐ DELETE	21 TITLE			L. Addition
	ICHS, GRACE		2.2 NAME			
Let	520 S.W. 138 COURT, #601 IAMI FL		2 3 STREET ADDRESS			
0111-31-211		DELETE	2 4 CITY - ST - ZIP 31 TITLE		☐ Change	Addition
,	LOOM, SANDRA	Преселе	32 NAME		<u></u>	_
	560 S.W. 138 CT., #802		3.3 STREET ADORESS			
011122111201120	IAMITE OX		3.4. CITY - ST- ZIP			
TITLE T		DELETE	4.1 TITLE		Change	☐ Addition
· · · · · · · · · · · · · · · · · · ·	EBRON, LOUIS J	—	4. 2 NAME			
STREET ADDRESS	560,S.W. 138 CT., #304		4.3 STREET ADDRESS			
	1AMI FL > 6460)	4.4.0(TY-ST-ZIP			
TITLE V		DELETE	51 TITLE		☐ Change	Addition
	LIVA, RICARDO		52 NAME			
	460 8:W: 138 COURT, #307		5.3 STREET ADDRESS			
CITY-ST-ZIP M	JAMI FL	photo.	5.4 CITY-ST-ZIP	- 1000017 7	7 4261	T Assets
TITLE	•	DELETE	61 TITLE ♣>-	10000177 -04/09/96011	16(I/15	☐ Addition
NAME			6.2 NAME 17	***61.25	-0 000	
STREET ADDRESS			6.3 STREET ADDRESS	**************************************		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	for the even stag stated in Control 110	07/2\(Id) Florido Ptot	too I further
certify that the oath; that I am	intermedian indicated on this appro-	al report or supplemental annu ation or the receiver or trustee	al report is true and accur empowered to execute th	for the exemption stated in Section 119 ate and that my signature shall have the iis report as required by Chapter 617, Fl	-same legal effect as t	r made udder

SIGNATURE: ______

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 29 196

Daytime Phone #

CR2F037 (12/95)