

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

*Inv. 10/13*

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

*3-205 9/12*  
*B 2681*

DOCUMENT # **N22855** (3)  
1. Corporation Name

**KENLAND WALK CONDOMINIUM IV, INC.**



Principal Place of Business Mailing Address  
% J&M CONDO MANAGEMENT & MAINTENANCE, INC. 221 S.W. 22ND AVE. SUITE 219 MIAMI FL 33135

3. Date Incorporated or Qualified **10/06/1987** 3a. Date of Last Report **03/16/1995**

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

4. FEI Number **65-0035689** 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

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

**BECKER & POLIAKOFF P.A.  
6161 BLUE LAGOON DRIVE, SUITE 250  
MIAMI FL 33126**

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 \_\_\_\_\_  
Signature: Typed or printed name of registered agent and the filer if applicable. Registered Agent's signature required when registering.

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, MARY	
STREET ADDRESS	8827 SW 123RD CT., APT #108	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, FRANK	
STREET ADDRESS	8827 SW 123RD CT., APT #407	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JIMENEZ, ALICIA	
STREET ADDRESS	8827 SW 123RD CT., APT #103	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE	P/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. NAME	JOHANSSON, DAN H.		
3. STREET ADDRESS	8811 S.W. 123 CT. APT#204		
4. CITY - ST - ZIP	MIAMI, FL. 33186		
2.1 TITLE	VP/T/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	DAVIS, FRANK		
2.3 STREET ADDRESS	8827 S.W. 123 CT. APT#407		
2.4 CITY - ST - ZIP	MIAMI, FL. 33186		
3.1 TITLE	S/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	LOPEZ, ANGELICA		
3.3 STREET ADDRESS	8827 S.W. 123 CT. APT#210		
3.4 CITY - ST - ZIP	MIAMI, FL. 33186		
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	MONSERRAT, MARIA CLAUDIA		
4.3 STREET ADDRESS	8827 S.W. 123 CT. APT#410		
4.4 CITY - ST - ZIP	MIAMI, FL. 33186		
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/96* *643-5711*  
Date Time

CR2E037 (12/95)