## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DÖCUMENT #

大田村 いまる 見つべく

N24322

(2)

KENDALL FALLS CONDOMINIUM ASSOCIATION INC.

Principal	Place	or bus	sine
ł .			

Mailing Address

138904 S.W. 65 TERR. MIAMI FJ. 33183 138904 S.W. 65 TERR. MIAMI FL 331R3

## FILED Apr 28 1997 8:00am Secretary of State



Wiami Fl 3318	13	Miami Fl 33183			
<u> </u>					3. Date Incorporated or Qualified 3a. Date of Last Report 11/12/1996
21 139	Place of Business OY S.W 65 Leru		wb!	s te	
Suite, Apt.	Ami FlA.	Suite, Apt. #, etc.	; F	IA	5. Certificate of Status Desired 55. Status Desired 55. Fee Regulred 55.
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 3331	83 25 Onde	zip 29 33183	Countr	) Pod	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
	9. Name and Address of Current	<del>                                      </del>			10. Name and Address of New Registered Agent
			81	Name	9
	IANT, MARIA D S.W. 65 TERRACE		82	Street	et Address (P.O. Box Number is Not Acceptable)
UNIT 8	our ou rennauc		83		
MIAMI F	EL 33183		84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statute	es, the abov	e-named	d corporation submits this statement for the purpose of changing its registered provation's board of directors. I hereby accept the appointment as registered
agent. I a	n familiar with, and accept the obligat	ions of, Section 617.0503, Flo	rida Statute	y the corp s.	rporation's board of directors. I nereby accept the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered agent	- Ten II Parki		<del></del>	ire required when reinstalling)  DATE
12.	OFFICERS AND		13.	eni signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	WHISENANT, MARIA		1.2 NAME		_ , _
STREET ADDRESS	13904 S.W. 65 TERRACE		1.3 STREE	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-5	ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROOT, DOUGLAS		2.2 NAME		
STREET ADDRESS	13953 S.W. 65 TERRACE		2.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183		2, 4 CITY-	ST-ZIP	
TITLE	TS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOYETTE, GEORGE DAVID		3.2 NAME	ĺ	
STREET ADDRESS	13882 S.W. 65 TERRACE		3.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183		34. CITY-	ST-ZIP	
TITLE	D CORRIGO ALABA	☐ DELETE	4.1 TITLE	}	☐ Change ☐ Addition
NAME	SOBINO, MARIA		4. 2 NAME	}	}
STREET ADDRESS	10331 N.W. 56 TERRACE		4.3 STREET		
CITY-ST-ZIP	MIAMI FL 33178	Deserte	4.4 C(TY-S	T-ZIP	
TITLE		DELETE	5.1 TITLE	{	Change Addition
NAME			5.2 NAME	{	}
STREET ADDRESS			5.3 STREET	i	}
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S	T-ZIP	
NAME		□1 OETE1E	6.1 TITLE	}	Change Addition
ra I I			6.2 NAME		
STREET ADDRESS			6.3 STREET		1
ITY-ST ZIP	w certify that the information avanised	with this filing does not a west	6.4 CITY-S	1-21P (	Colord in Continue 140 07/09/1 Florida Debuta 14 altra
information I am an of appears in	ficer or director of the corporation or the Block 12 or Block 13 if changed, or co	phenental annual report is true receiver or trustee empowers or trustee empowers an attachment with an additional and the control of the cont	rior the exe ue and accu ered to exec ress.	rate and ute this re	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the d that my signature shall have the same legal effect as if made under oath; the report as required by Chapter 617, Florida Statules; and that my name