NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90157 029 \*\*\*\*70.00

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## **DOCUMENT # N29875**

1. Corporation Name

KENDALL PARK COMMERCIAL CONDOMINIUM FIVE CONDOMI NIUM ASSOCIATION, INC.

Principal Place of Business C/O LAUREN L. GARNER 130 MI

Mailing Address % ROSE G. PERRIN

000 SW 120TH ST. 13000 SW 120TH ST. MIAMI FL 33186-4522 US	
00	

					}				:
2.	Principal Place of Business	2a.	Mailing Address			3. Date Incorporated or Qualifed			
21		26		_		12/22/1988			-
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. IFEI Number		L	Applied For
22		27				65-0179459			Not Applicable
23	City & State	28	City & State			5. Certificate of Status Desired	×		
	Zip Country		Zip	Country					•
24	25	29		30					
	9. Name and Address of Cur	rent Regis	tered Agent	——— <u>} —</u>		U. Name and Address of New	Registered A	gent	
Perrin, Rose G. 13000 SW 120TH St.				81	Name	·			
				82	Street Address	ddress (P.O. Box Number is Not Acceptable)			
ı	MIAMI FL 33186		5. Certificate of Status Desired \$8.75 Additional Fee Required  5. Certificate of Status Desired \$5.00 May Be Required  5. Certificate of Status Desired \$5.00 May Be Required  5. Certificate of Status Desired \$5.00 May Be Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83						
				84	City		FL	85	Zip Code
11	<ol> <li>Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Stagent, I am familiar with, and accept the obline.</li> </ol>	ate of Florio	la. Such change was au	Ithorized by f	the corporation's	ion submits this statement for the board of directors. I hereby acce	purpose of clipt the appoint	nangi ment	ng its registered as registered
S	IGNATURE								

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: I	Registered Agent signature require	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CH	IANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	☐ Addition
NAME	FROYO, ANTONIO		1.2 NAME			ē	
STREET ADORESS	13000 SW 120TH ST.		1.3 STREET ADDRESS	•	·		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	,			
TITLE	D	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	FROYO, IVANKA		2.2 NAME				
STREET ADDRESS	13000 SW 120TH ST.		2.3 STREET ADDRESS		•		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP				
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	PERRIN, ROSE		3.2 NAME		÷.		
STREET ADDRESS	13000 SW 120TH ST.		3.3 STREET ADDRESS			-	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP				
TITLE	D	DELETE	4.1 TITLE			Change	Addition
NAME	PERRIN, ARTHUR		4. 2 NAME			•	
STREET ADDRESS	13000 SW 120TH ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		·		•
TITLE	D	DELETE	5.1 TTTLE	· · · · · · · · · · · · · · · · · · ·	•	Change	Addition
NAME	DEPARRA, ANGEL		5.2 NAME		• • • • • • • • • • • • • • • • • • • •	•	
STREET ADDRESS	12367 SW 132 CT.		5.3 STREET ADDRESS	,			
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP			· · · ·	
TITLE	D	DELETE	6.1 TITLE			Change	Addition
NAME	MORALES, ROBERTO		6.2 NAME			3	
STREET ADDRESS	12365 SW 132 CT.		6.3 STREET ADDRESS				
	MANAGE		64 CITY OT 7ID		•		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: