

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90121 008 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**2001**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

ADD45693



DOCUMENT # N36790

1. Corporation Name

KENDALL AIRPORT PARK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% JEREMY SHAPIRO  
 12300 SW 132 CT  
 MIAMI FL 33186

c/o JEREMY SHAPIRO  
 1541 BRICKELL AVENUE, APT 1504  
 MIAMI, FLORIDA 33129

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	02/22/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
2	27	65-0261216
City & State	City & State	Applied For
3	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
25	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
30	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAPIRO, JEREMY  
 12300 SW 132 CT  
 MIAMI FL 33186

81 Name	SHAPIRO, JEREMY	
82 Street Address (P.O. Box Number is Not Acceptable)	1541 BRICKELL AVE, APT 1504	
83		
84 City	MIAMI	85 Zip Code
	FL	33129

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

*Jeremy Shapiro*

3/21/01

Signature typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SHAPIRO, JEREMY	1.2 NAME	SHAPIRO, JEREMY
STREET ADDRESS	12300 SW 132 CT	1.3 STREET ADDRESS	1541 BRICKELL AVE, APT 1504
TY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VTD	2.1 TITLE	SHAPIRO, BRIAN
NAME	SHAPIRO, BRIAN	2.2 NAME	SHAPIRO, BRIAN
STREET ADDRESS	12300 SW 132 CT	2.3 STREET ADDRESS	4450 N. JEFFERSON AVE
TY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VSD	3.1 TITLE	VPD
NAME	GADINSKY, MARTIN	3.2 NAME	GADINSKY, DOROTHY
STREET ADDRESS	1048 KANE CONCOURSE, SUITE 2B	3.3 STREET ADDRESS	10220 SW 87 ST
TY-ST-ZIP	BAY HARBOR FL	3.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing 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: *Jeremy Shapiro* SIGNATURE REQUIRED

3/21/01