

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50311 (2)**  
 1. Corporation Name  
**KENDALL GROVE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
8380 SUNSET DR. STE #B-250 MIAMI FL 33173	9380 SUNSET DR. STE #B-250 MIAMI FL 33173-3276

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

3. Date Incorporated or Qualified <b>08/05/1992</b>	3a. Date of Last Report <b>04/27/1996</b>
4. FEI Number <b>65-0497224</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STRALEY, STEPHEN J P.A.**  
**3990 SHERIDAN STREET**  
**SUITE 109**  
**HOLLYWOOD FL 33021**

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. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAUFMAN, ROBERT	
STREET ADDRESS	10824 SW 91 LN.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORA, ROSENDO	
STREET ADDRESS	8929 NW 108 CIR CT	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, ANDREW	
STREET ADDRESS	10822 SW 91 LN.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HALLYDAY, DOUG	
STREET ADDRESS	9019 SW 108 CIR CT.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, NANCY	
STREET ADDRESS	8923 SW 108 CIR. CT.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CONSTANTINE, KIM	
STREET ADDRESS	10823 SW 91 LN	
CITY-ST-ZIP	MIAMI FL 33183	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSE BARROSO	
1.3 STREET ADDRESS	8907 SW 108 CT. CIR.	
1.4 CITY-ST-ZIP	MIAMI FL. 33176	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MIGUEL LOPEZ	
2.3 STREET ADDRESS	8927 SW 108 CIR. CT	
2.4 CITY-ST-ZIP	MIAMI FL 33176	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	9021 SW 108 CIR. CT.	
3.3 STREET ADDRESS	ROLF NYBERG	
3.4 CITY-ST-ZIP	MIAMI FL 33176	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 registered 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 amendment with an address.

SIGNATURE: \_\_\_\_\_ 3-26-97

CR2E037 (9/96)