

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <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
9380 SUNSET DR. STE #B-250 MIAMI FL 33173	9380 SUNSET DR. STE #B-250 MIAMI FL 33173

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	08/05/1992
4. FEI Number	65-0497224
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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	BARROSO, JOSE
1.3 STREET ADDRESS	8907 SW 108 Circle Court
1.4 CITY-ST-ZIP	MIAMI, FL. 33176
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NYBERG, ROLFE
2.3 STREET ADDRESS	9021 SW 108 Circle Court
2.4 CITY-ST-ZIP	MIAMI, FL. 33176
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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.

SIGNATURE:  SIGNATURE REQUIRED

CR2E037 (10/97)