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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718877 (4)
1. Corporation Name
KENDALLTOWN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 10333 SOUTH WEST 76 STREET MIAMI FL 33173	Mailing Address 10333 SOUTH WEST 76 STREET MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1971	3a. Date of Last Report 04/13/1994
4. FEI Number 59-1353211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LERNER, LISA, ESQUIRE
C/O SIEGFRIED, KIPHS, RIVERA, LERNER
201 ALHAMBRA CIRCLE, STE 1102
MIAMI FL 33134**

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 607.0502 and 607.1508, 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 607.0505, 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 NAME STREET ADDRESS CITY - ST - ZIP	TD GOULD, LAWRENCE 10333 S.W. 76 STREET MIAMI FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DOERR, MARGA 10333 S.W. 76 STREET MIAMI, FL 00000 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LEVINSON, MARTIN (RESIGNED) 10333 S.W. 76 STREET MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAHAM, MICHAEL 10333 S.W. 76 STREET MIAMI FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANGANARO, CHARLES (NEW SECRETARY) 10333 S.W. 76 STREET MIAMI FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D USHAN, GEORGE 10333 S.W. 76 STREET MIAMI FL 33173

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D NOVICK, ISRAEL 10333 S.W. 76 ST. MIAMI, FL. 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D MYERS, SUSAN 10333 S.W. 76 ST. MIAMI, FL. 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D PARKER, ROBERT 10333 S.W. 76 ST. MIAMI, FL. 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D SIMORELLI, LOUIS 10333 S.W. 76 ST. MIAMI, FL. 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Michael H. Graham (305) 279-4331
Typed or printed name of signing officer or director Date (Last Name First)