

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755713** (5)

1. Corporation Name

KENLAND BEND SOUTH CONDOMINIUM, INC.



Principal Place of Business Mailing Address
% GUARANTEE MANAGEMENT SRVS.
111 FOUNTAINEBLEAU BLVD.
MIAMI FL 33172-4507

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

3. Date Incorporated or Qualified **12/30/1980** 3a. Date of Last Report **03/02/1995**
4. FEI Number **59-2159371** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HYMAN, MICHAEL, ATTORNEY
44 WEST FLAGLER STREET
MIAMI FL 33130

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUJILLO, MARIA	1.2 NAME	Estevez, Aida
STREET ADDRESS	9010 S.W. 125TH AVENUE, G-301	1.3 STREET ADDRESS	9030 SW 125 Av., E 307
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fla. 33186
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	LLACA, CARMEN <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLACA, CARMEN	2.2 NAME	LLACA, CARMEN
STREET ADDRESS	9010 S.W. 125 AVENUE, G-102	2.3 STREET ADDRESS	9010 SW 125 AVE G102
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEDERGREN, GLADYS	3.2 NAME	Seeherman, Harriet
STREET ADDRESS	9040 S.W. 125TH AVENUE, D-408	3.3 STREET ADDRESS	9040 SW 125 Av., D 208
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL.
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EXTEVEZ, AIDA	4.2 NAME	Syler, Ross
STREET ADDRESS	9030 S.W. 125TH AVENUE, E-307	4.3 STREET ADDRESS	9040 SW 125 Av., D 202
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL. 33186
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIMENEZ, CARLOS	5.2 NAME	Violetta Fernandez
STREET ADDRESS	9030 SW 125 AVE #E407	5.3 STREET ADDRESS	9040 SW 125 Ave. D-206
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami FL 33186
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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: *[Signature]*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AIDA ESTEVEZ

Date

4/5/96

Daytime Phone #

279-2015

CR2E037 (12/95)