

**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 # 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

3. Date Incorporated or Qualified: 11/23/1971  
3a. Date of Last Report: 04/17/1995  
4. FEI Number: 59-1353211  
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

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

9. Name and Address of Current Registered Agent  
**LERNER, LISA, ESQUIRE  
C/O SIEGFRIED, KIPHIS, 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 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	NOVICK, ISREAL	
STREET ADDRESS	10333 S.W. 76 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MYERS, SUSAN	
STREET ADDRESS	10333 S.W. 76 STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, ROBERT	
STREET ADDRESS	10333 S.W. 76 STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMORELLI, LOUIS	
STREET ADDRESS	10333 S.W. 76 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS Secretary	<input type="checkbox"/> DELETE
NAME	MANGANARO, CHARLES	
STREET ADDRESS	10333 S.W. 76 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	USHAN, GEORGE	
STREET ADDRESS	10333 S.W. 76 STREET	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Graham	
1.3 STREET ADDRESS	7614 S.W. 106 Avr.	
1.4 CITY-ST-ZIP	Miami, Fl. 33173	
2.1 TITLE	D.V-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marga Doerr	
2.3 STREET ADDRESS	7804 S.W. 103 Place	
2.4 CITY-ST-ZIP	Miami, Fl. 33173	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Janice Wyner	
4.3 STREET ADDRESS	7813 S.W. 103 Place	
4.4 CITY-ST-ZIP	Miami, Fl. 33173	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Bartlett	
5.3 STREET ADDRESS	10409 S.W. 80 St.	
5.4 CITY-ST-ZIP	Miami, Fl. 33173	
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 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: \_\_\_\_\_ PRES. 4-16-96 (305) 279-4331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)