


5-19-98 B-71678 ✓  
FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra P. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755713** (5)

1. Corporation Name

**KENLAND BEND SOUTH CONDOMINIUM, INC.**



Principal Place of Business <b>LAKEVIEW MANAGEMENT 11 FOUNTAINEBLEAU BLVD. MIAMI FL 33186 US</b>	Mailing Address <b>13388 SW 128TH ST 11 FOUNTAINEBLEAU BLVD. MIAMI FL 33186 US</b>
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3. Date Incorporated or Qualified

**12/30/1980**

4. FEI Number

**59-2159371**

Applied For

Not Applicable

2a. Principal Place of Business <b>Lakeview Management Suite, Apt. #, etc. 22 13388 SW 128 ST City &amp; State 23 Miami FLA Zip 24 33186</b>	2b. Mailing Address <b>Lakeview Management Suite, Apt. #, etc. 26 13388 SW 128 Street City &amp; State 28 Miami FLA Zip 29 33186</b>
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5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAEL ATTORNE  
44 WEST FENCER STREET  
MIAMI FL 33130**

81 Name  
**David Friedman @ Fowler & White et al**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**100 Southeast 2nd Ave**  
83  
**17th Floor**  
84 City  
**Miami**  
85 Zip Code  
**FL 33131**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/9/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD ADOLFO NONES</b>
STREET ADDRESS	<b>9010 SW 125TH AVE G407</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D MARINA ASON</b>
STREET ADDRESS	<b>9010 SW 125TH AVE G208</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SVP ELIZABETH RISI</b>
STREET ADDRESS	<b>9040 SW 125TH AVE D101</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T EDNA ORTIZ</b>
STREET ADDRESS	<b>9030 SW 125TH AVE E309</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D SONIA FRANQUIZ</b>
STREET ADDRESS	<b>9010 SW 125TH AVE G107</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Adolfo Nones Sr</b>
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Stephanie Gale - (D)</b>
1.3 STREET ADDRESS	<b>9010 SW 125th Ave</b>
1.4 CITY-ST-ZIP	<b>G 404 Miami FL 33186</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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:

**Adolfo Nones Sr**

**2/24/98**

CR2E037 (10/97)