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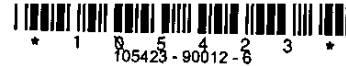
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755713

1. Corporation Name

KENLAND BEND SOUTH CONDOMINIUM, INC.



Principal Place of Business

C/O LAKEVIEW MANAGEMENT
13388 SW 128 ST
MIAMI FL 33186
US

Mailing Address

C/O LAKEVIEW MANAGEMENT
13388 SW 128 ST
MIAMI FL 33186
US



2. Principal Place of Business

21 **90 JOENSO PROPERTIES INC**

2a. Mailing Address

26 **90 JOENSO PROPERTIES INC**

3. Date Incorporated or Qualified

12/30/1980

Suite, Apt. #, etc.

22 **12781 BIRD RD Suite G**

Suite, Apt. #, etc.

27 **12781 BIRD RD Suite G**

4. FEI Number

59-2159371

Applied For

Not Applicable

City & State

23 **MIAMI FL**

City & State

28 **MIAMI FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 **33175**

Country

25 **MIAMI DADE**

Zip

29 **33175**

Country

30 **MIAMI DADE**

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DAVID FRIEDMAN @ FOWLER & WHITE ET AL
100 SOUTHEAST 2ND AVE
17TH FLOOR
MIAMI FL 33131

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 ☐ DELETE

TITLE **PD**
NAME **ADOLFO NONES**
STREET ADDRESS **9010 SW 125TH AVE G407**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **GALE, STEPHANIE**
STREET ADDRESS **9010 SW 125 AVE, G 404**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **SVP** ☐ DELETE

NAME **ELIZABETH RISI**
STREET ADDRESS **9040 SW 125TH AVE D101**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE

NAME **EDNA ORTIZ**
STREET ADDRESS **9030 SW 125TH AVE E309**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SUP MARINA ASON
9010 SW 125 AVE
G 208 MIAMI FL 33186

DESMERLDA CANALES
9020 SW 125M
F 101 MIAMI FL 33186

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, with all other like empowered.

SIGNATURE:

Adolfo Nones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99
Date

(305) 225 7249
Daytime Phone #

CR2E037 (11/98)