

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90213 043 \*\*\*\*70.00

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|                                                                     |                                                                                   |                                                                                                                 |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT # 771171**

1. Corporation Name

**THE HIGHLANDS AT KENDALE LAKES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

5050 N.W. 74TH AVENUE  
MIAMI FL 33166

Mailing Address

THE TIMBERLAKE GROUP, INC.  
5050 N.W. 74TH AVENUE  
MIAMI 33166



|                                |  |                     |  |                                                                                                     |  |
|--------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                                   |  |
| 21                             |  | 26                  |  | 11/09/1983                                                                                          |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                                                                                       |  |
| 22                             |  | 27                  |  | 59-2481398                                                                                          |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees                 |  |
| Zip Country                    |  | Zip Country         |  | Trust Fund Contribution                                                                             |  |
| 24                             |  | 29                  |  | 30                                                                                                  |  |

9. Name and Address of Current Registered Agent

PARISER, BRIAN W ESQ.  
9130 SOUTH DADELAND BLVD.  
SUITE 1511  
MIAMI FL 33156

10. Name and Address of New Registered Agent

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Name                                               |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |                                                    |
| 84 | City                                               |
| 85 | Zip Code                                           |

FL

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

*Brian W. Pariser* Brian W. Pariser

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/99

DATE

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                 |
|----------------------------|------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE                      | P- <input type="checkbox"/> DELETE | 1.1 TITLE                                             | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | ENSENAT, JUAN I                    | 1.2 NAME                                              | Mestre, Antonio R.                                                              |
| STREET ADDRESS             | 7440 SW 153RD COURT #203           | 1.3 STREET ADDRESS                                    | 7515 S.W. 153rd. Court, #106,                                                   |
| CITY-ST-ZIP                | MIAMI FL 33193                     | 1.4 CITY-ST-ZIP                                       | Miami, Florida 33193.                                                           |
| TITLE                      | SD <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | QUINTANA, PAVEL LUIS               | 2.2 NAME                                              |                                                                                 |
| STREET ADDRESS             | 7435 S.W. 153 COURT, #201          | 2.3 STREET ADDRESS                                    |                                                                                 |
| CITY-ST-ZIP                | MIAMI FL 33193                     | 2.4 CITY-ST-ZIP                                       |                                                                                 |
| TITLE                      | TD <input type="checkbox"/> DELETE | 3.1 TITLE                                             | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | SANTANA, JUAN C                    | 3.2 NAME                                              | Lora, Kelly,                                                                    |
| STREET ADDRESS             | 7420 S.W. 153RD COURT #108         | 3.3 STREET ADDRESS                                    | 7550 S.W. 153rd. Court, #101,                                                   |
| CITY-ST-ZIP                | MIAMI FL 33193                     | 3.4 CITY-ST-ZIP                                       | Miami, Florida 33193.                                                           |
| TITLE                      | D <input type="checkbox"/> DELETE  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | MESTRE, ANTONIO R -                | 4.2 NAME                                              |                                                                                 |
| STREET ADDRESS             | 7515 S.W. 153RD COURT #106         | 4.3 STREET ADDRESS                                    |                                                                                 |
| CITY-ST-ZIP                | MIAMI FL 33193                     | 4.4 CITY-ST-ZIP                                       |                                                                                 |
| TITLE                      | D <input type="checkbox"/> DELETE  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | COKER, ROGER                       | 5.2 NAME                                              |                                                                                 |
| STREET ADDRESS             | 7420 SW 153RD COURT #203           | 5.3 STREET ADDRESS                                    |                                                                                 |
| CITY-ST-ZIP                | MIAMI FL 33193                     | 5.4 CITY-ST-ZIP                                       |                                                                                 |
| TITLE                      | D- <input type="checkbox"/> DELETE | 6.1 TITLE                                             | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | SMITH, FANCY                       | 6.2 NAME                                              | Graham, Malcom,                                                                 |
| STREET ADDRESS             | 7515 SW 153RD COURT, #204-         | 6.3 STREET ADDRESS                                    | 7555 S.W. 153rd. Place, #104,                                                   |
| CITY-ST-ZIP                | MIAMI FL 33193                     | 6.4 CITY-ST-ZIP                                       | Miami, Florida 33193.                                                           |

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: *ALFONSO TUFARI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 305 593-1141

Date

Daytime Phone #

CR2E037 (11/98)