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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 718877

1. Corporation Name

KENDALLTOWN HOMEOWNERS ASSOCIATION, INC.

480183 - 90108 - 46

Principal Place of Business

10333 SOUTH WEST 76 STREET
 MIAMI FL 33173

Mailing Address

10333 SOUTH WEST 76 STREET
 MIAMI FL 33173



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/23/1971

4. FEI Number

59-1353211

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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	DP	<input type="checkbox"/> DELETE
NAME	GRAHAM, MICHAEL	
STREET ADDRESS	7614 S.W. 106 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SIMORELLI, LOUIS	
STREET ADDRESS	10333 S.W. 76 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<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	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARBA DEER	
1.3 STREET ADDRESS	10333 SW 76 ST	
1.4 CITY-ST-ZIP	MIAMI FL 33173	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARTLETT, DAVID	
2.3 STREET ADDRESS	10333 SW 76ST	
2.4 CITY-ST-ZIP	MIAMI, FL 33173	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HANDSCOMBE, PETER	
3.3 STREET ADDRESS	10333 SW 76ST	
3.4 CITY-ST-ZIP	MIAMI, FL 33173	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FARLS, JOSEPH	
4.3 STREET ADDRESS	7603 SW 105 AVE	
4.4 CITY-ST-ZIP	MIAMI, FL 33173	
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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 305-279-4331

Date

Daytime Phone #

CR2E037 (1/198)