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0034175

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** DELETE
 NAME **NOVICK, ISREAL**
 STREET ADDRESS **10333 S.W. 76 STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** DELETE
 NAME **MYERS, SUSAN**
 STREET ADDRESS **10333 S.W. 76 STREET**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **DP** DELETE
 NAME **GRAHAM, MICHAEL**
 STREET ADDRESS **7614 S.W. 106 AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DT** DELETE
 NAME **SIMORELLI, LOUIS**
 STREET ADDRESS **10333 S.W. 76 STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DS** DELETE
 NAME **MANGANARO, CHARLES**
 STREET ADDRESS **10333 S.W. 76 STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** 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** Change 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** Change 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** Change 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** Change 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 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

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 (11/98)