

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90108 046 \*\*\*\*61.25

0034175

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

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

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

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

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

TITLE D  
NAME USHAN, GEORGE  
STREET ADDRESS 10333 S.W. 76 STREET  
CITY-ST-ZIP MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME MARBA DOERR  
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 76 ST  
2.4 CITY-ST-ZIP MIAMI, FL 33173

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME HANDSCAMBE, PETER  
3.3 STREET ADDRESS 10333 SW 76 ST  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 305-279-4331

CR2E037 (11/98)