

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 024 ****61.25

DOCUMENT #

753586

Corporation Name

KENDALL GLENN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GLOBAL INVESTMENT PROPERTIES, INC.

306 ALCAZAR AVENUE SUITE # 303

CORAL GABLES, FL 33134-4318

Principal Place of Business

C/O GLOBAL INV. PROPERTIES

2a. Mailing Address

306 ALCAZAR AVE. # 303

3. Date Incorporated or Qualified

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 303

4. FEI Number

59-2168691

Applied For
Not Applicable

City & State

City & State

Coral Gables, FL

5. Certificate of Status Desired

☐

Additional
Fee Required

Zip
33134-4318

Country
USA

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

May Be
Added to Fees

9. Name and Address of Current Registered Agent

Global Investment Properties, Inc.
306 Alcazar Avenue # 303
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name

HILDEGARDE LESCHHORN

82

Street Address (P.O. Box Number is Not Acceptable)
306 Alcazar Avenue # 303

83

84

City Coral Gables

FL

85

Zip Code
33134-4318

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

Hildegard Leschhorn

(NOTE: Registered Agent signature required when retreating)

DATE

2. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	Bonilla, Allan	
STREET ADDRESS	7850 SW 86 Street # 14	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	Hamilton, Henry	
STREET ADDRESS	7860 SW 86 Street # 25	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Lovett, Janath	
STREET ADDRESS	7880 SW 86 Street # 03	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	Sparks, Jack
4.4 CITY-ST-ZIP	7880 SW 86th Street # 06
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Allan Bonilla

Allan Bonilla

5-31-99

(305) 443-0047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #