

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90053 019 ****61.25

DOCUMENT # 718877
 1. Entity Name
KENDALLTOWN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 10333 SOUTH WEST 76 STREET MIAMI FL 33173	Mailing Address 10333 SOUTH WEST 76 STREET MIAMI FL 33173
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1353211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LERNER, LISA, ESQUIRE C/O SIEGFRIED, KIPHIS, RIVERA, LERNER 201 ALHAMBRA CIRCLE, STE 1102 MIAMI FL 33134	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOERR, MARGA	NAME	BARTLETT DAVID
STREET ADDRESS	10333 S.W. 76 STREET	STREET ADDRESS	10333 S.W. 76 st
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	MIAMI, FL. 33173
TITLE	DS <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, SUSAN	NAME	PETER HANDSCOMB
STREET ADDRESS	10333 S.W. 76 STREET	STREET ADDRESS	10333 SW. 76 st.
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	MIAMI, FL. 33173
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, MICHAEL	NAME	HAROLD BARKAS
STREET ADDRESS	7614 S.W. 106 AVE.	STREET ADDRESS	10333 S.W. 76 st.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI, FL. 33173
TITLE	DT <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMORELLI, LOUIS	NAME	JOSEPH FALLS
STREET ADDRESS	10333 S.W. 76 STREET	STREET ADDRESS	10333 SW 76 st.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI, FL. 33173
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGANARO, CHARLES	NAME	
STREET ADDRESS	10333 S.W. 76 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USHAN, GEORGE	NAME	
STREET ADDRESS	10333 S.W. 76 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGA DOERR **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-23-01** **305-279-4331** **DATE** **DAYTIME PHONE #**

CR2E037 (10/00)