

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00302

1. Entity Name

KENDALL LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 50154  
POMPANO BEACH FL 33060

Mailing Address

P.O. BOX 50154  
POMPANO BEACH FL 33060

2. Principal Place of Business

P.O. Box 1437

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1437

Suite, Apt. #, etc.

City & State

Pompano Beach Fla

Zip

33061

Country

Broward

City & State

Pompano Beach, Fla

Zip

33061

Country

Broward

4. FEI Number

59-2371989

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMERON, WILLIE J  
1915 N W 5TH WAY  
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERON, WILLIE	
STREET ADDRESS	1915 N W 5TH WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIMBERLY, PAULA	
STREET ADDRESS	349 N W 19TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWORN, DRAKE	
STREET ADDRESS	300 N W 19TH CT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, FRANK	
STREET ADDRESS	1955 N W 5TH WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHILLIPS, MARY	
STREET ADDRESS	384 N W 19TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cameron, Willie J.	
STREET ADDRESS	1915 N.W. 5th way	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Harold	
STREET ADDRESS	465 N.W. 18th Court	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gabelus, Voltaire	
STREET ADDRESS	415 N.W. 18th Court	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deshields, John	
STREET ADDRESS	324 N.W. 16 Court	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, and all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-13-02

946 785-6735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)