

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00302

Entity Name: KENDALL LAKES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1580 NW 3RD AVENUE
POMPANO BEACH, FL 33060**Current Mailing Address:**P.O. BOX 1437
POMPANO BEACH, FL 33061 US**FEI Number:** 59-2371989**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAMERON, WILLIE J
1915 N W 5TH WAY
POMPANO BEACH, FL 33060 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CAMERON, WILLIE J
Address	1915 N W 5TH WAY
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	JENNINGS, JERMERIE
Address	312 NW 18TH COURT
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	SHORT, JEROLD
Address	301 NW 19TH COURT
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	QUENTON, THOMPkins
Address	436 NW 19TH COURT
City-State-Zip:	POMPANO BEACH FL 33060

Title	VP
Name	PHILLIPS, MARY
Address	384 N W 19TH STREET
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	SAPP, ANN
Address	385 NW 19TH STREET
City-State-Zip:	POMPANO BEACH FL 33060

Title	TREASURER
Name	JAMES, BOBBY
Address	349 NW 17TH COURT
City-State-Zip:	POMPANO BEACH FL 33060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIE CAMERON**PRESIDENT****03/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date