

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-22-96

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20.00

C

DOCUMENT # 324573

(5)

1. Corporation Name

THE KENWOOD APARTMENTS, INC.



Principal Place of Business

1960 NE 611ST STREET
N. MIAMI BEACH FL 33162
US

Mailing Address

KENTWOOD APARTMENTS. C/O F. WILLIAM BURKE
5512 GOLDSBORO ROAD
BETHESDA MD 20817
US

2. Principal Place of Business

21 1960 NE 161st Street

Suite, Apt. #, etc.

22 City & State

23 N. Miami Beach, FL

24 Zip 33162

25 Country USA

2a. Mailing Address

26 Kenwood Apartments, Inc.

c/o F. William Burke

27 5512 Goldsboro Road

28 Bethesda, MD

29 Zip 20817

30 Country USA

3. Date Incorporated or Qualified
12/28/1967

3a. Date of Last Report
04/06/1995

4. FEI Number
59-1203089

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when re-stating

DATE

12. OFFICERS AND DIRECTORS

TITLE VPST ☐ DELETE

NAME BURKE, F. WILLIAM
STREET ADDRESS 5512 GOLDSBORO ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE CP ☐ DELETE

NAME BURKE, SUSAN B.
STREET ADDRESS 5512 GOLDSBORO ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE VP ☐ DELETE

NAME BURKE, TAYLOR L.
STREET ADDRESS 5512 GOLDSBORO ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenwood Apartments, Inc.*
By F. William Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP, Sec/Treasurer 3/4/96 202 434-7005
DATE DAY/MO/YR

CR2E034 (12/95)