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Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 324573 (5)

1. Corporation Name  
THE KENWOOD APARTMENTS, INC.



Principal Place of Business

1960 NE 161ST STREET  
N MIAMI BEACH FL 33162  
US

Mailing Address

KENWOOD APARTMENTS, INC C/O BURKE WILLIAM  
5512 GOLDSBORO ROAD  
BETHESDA MD 20817-8343  
US

3. Date Incorporated or Qualified  
12/28/1967

3a. Date of Last Report  
03/22/1996

2. Principal Place of Business

21 1960 NE 161st Street

Suite, Apt. #, etc.

22 City & State

23 North Miami Beach, FL

24 Zip 33162

25 Country USA

2a. Mailing Address

26 Kenwood Apartments, Inc.

Suite, Apt. #, etc C/O F. William Burke

27 5512 Goldsboro Road

City & State

28 Bethesda, MD

29 Zip 20817

30 Country USA

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: By: *Sandra B. Mortham* VP, Secretary/Treasurer

4/2/97

202 434-7005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)