

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **711672** (6)  
1. Corporation Name  
**KENDALE HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**Feb 20, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business Mailing Address  
**10626 SOUTHWEST 102ND STREET** **10626 SOUTHWEST 102ND STREET**  
**MIAMI FL 33176** **MIAMI FL 33176**

3. Date Incorporated or Qualified **10/24/1966** 3a. Date of Last Report **02/07/1995**  
4. FEI Number **59-1159493** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
30

9. Name and Address of Current Registered Agent

**LAWRENCE, DIANE**  
**10626 SOUTHWEST 102ND STREET**  
**MIAMI FL 33176**

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE  
NAME **PD STAFF, LARRY**  
STREET ADDRESS **10400 SW 96TH ST**  
CITY - ST - ZIP **MIAMI FL**  
TITLE ☐ DELETE  
NAME **D SCHULTZ, PEGGY**  
STREET ADDRESS **10300 SW 100TH AVE**  
CITY - ST - ZIP **MIAMI FL**  
TITLE ☐ DELETE  
NAME **D LAWTON, BETTY**  
STREET ADDRESS **10305 S.W. 90TH STREET**  
CITY - ST - ZIP **MIAMI FL**  
TITLE ☐ DELETE  
NAME **D LAWRENCE, DIANE**  
STREET ADDRESS **10626 S.W. 102ND STREET**  
CITY - ST - ZIP **MIAMI FL**  
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 **STOFF, LARRY**  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **SCHULTZ, PEGGIE B.**  
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/11/96 (305) 266-0662**

CR2E037 (12/95)