FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711672

(6)

KENDALE HOMEOWNERS ASSOCIATION, INC.

Principal Place	of Business	Mailing Address	Mailing Address					\$ 	ilêt elekî êlêtî	1101 0101 7	
10626 SOUTHWEST 102ND STREET MIAMI FL 33176		10626 SOUTHWEST 102ND STREET MIAMI FL 33176-2733			ļ 		:				
						3.	Date Incorporate 10/24/196			e of Last F)2/20/19	
	ace of Business	2a. Mailing Address				4.	FEI Number	^		_ 	oplied For
21	H	26					59-11594	შ ა			ot Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.	-				Certificate of Sta	itus Desired			Additional equired
City & State)	City & State					Election Campai	on Financina	· · · · · · · · · · · · · · · · · · ·		May Be
23		28					Trust Fund Cont				to Fees
Zip	Country	Zip	Coun	try		8.	This corporation	has liability for	intangible t	ax under s	. 199.032,
24	25		10				Florida Statutes] No	
	9, Name and Address of Curren	it Registered Agent		- T			Name and Add	ress of New Re	gistered A	gent	
				B1	Name)					
LAWRENCE, DIANE			Ī	82 Street Address (P.O. Box Number is Not Acceptable)					ole)		
	DUTHWEST 102ND STREET		83							····	
MIAMI FL	. 33176		- 1'	03							
			1	B4	City				FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508. Florida Statutes	the abo	ove-	named	corporation	submits this sta	stement for the r	ourpose of	changing i	ts registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was au	thorized	by	the corp	rporation's b	pard of directors	. I hereby acce	pt the appo	ointment as	registered
	m lamiliar with, and accept the obligi	ations of population of the ground	va statu	nes.							l
SIGNATURE_	Signature typed or printed name of registered age	ent and little if applicable (NOTE:	Registered	Agen	t signature	re required when	reinstating)		DATE		
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	☐ DELETE	1.1 TITLE			PD	Conral	07.		Change .	Addition
NAME	STOFF, LARRY		1.2 NAME			GETTE S	Gonzal W. 104th	Ct.			
STREET ADDRESS	10400 SW 96TH ST				ADDRESS		, FL 9817				
CITY - ST - ZIP	MIAMI FL	DECTE	1.4 CITY			yi ja mi	, 22 301 1	Ψ		Change	Addition
TITLE										L.J Criange	LI AQQUILON
NAME STREET ADDRESS	SCHULTZ, PEGGIE B. 10300 SW 100TH AVE		2.2 NAME 2.3 STREE		nnocce	1			•		
City-St-Zip	MIAMI FL	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP									
TiTLE	D DELETE 3.1				- LIF					Change	Addition
NAME	LAWTON, BETTY	,	3.2 NAA	ME						-	
STREET ADDRESS	10305 S.W. 90TH STREET		3.3 STR	EET A	ADDRESS		•				
CITY-ST-ZIP	MIAMI FL		3.4. CIT	[Y-S]	r- ZIP						
TITLE	D	☐ DELETE	4.1 TITU	ĿĒ						☐ Change	Addition
NAME	LAWRENCE, DIANE		4. 2 NA	ME							
STREET ADDRESS	10626 S.W. 102ND STREET		4.3 STR	REET #	ADDRESS						
CITY-ST-ZIP	MIAMI FL		4.4 CIT		- ZIP						
TITLE		DELETE	5.1 TITL							Change	Addition
NAME			5.2 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		☐ DELETE	5.4 CIT		- ZiP	 			· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE NAME			6.2 NA							Sumilie	/(QG(t)DI)
STREET ADDRESS			•		ADDRESS						
CITY - ST - ZIP			6.4 CIT								
14. I do herek	by certify that the information supplie	d with this filing does not qualify	for the e	эхег	nption a	stated in Sec	tion 119.07(3)(i), Florida Statute	s. I further	certify tha	t the
informatio I am an of	in indicated on this annual report or t fficer or director of the corporation or n Block 12 or Block 13 if changed, o	supplemental annual report is tru r the receiver or trustee empowe	ie and ac	CCUI	rate and	id that my sig	inature shall hav	re the same lega	al effect as	if made ur	nder oath: that