FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 711672

KENDALE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business								
10626 SOUTHWES MIAMI FL 33176	T 102ND STREET							

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

Mailing Address

10626 SOUTHWEST 102ND STREET

MIAMI FL 33176

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90114 037 ****61.25

	41)!! : 88 8 3 8 4 8 6	
	e ikii leeka jiri bigi) biji i	82812 82811 82812 82811 528
	8:11: 	B(BK 3 3 B B 9 3 (B3
	BIILI IBBIB LIBI BIBII WINI	

Date Incorporated or Qualified

5. Certifcate of Status Desired

10/24/1966

59-1159493

4. FEI Number

Zip	Country	Zip	Countr	у		6. Flection Campa	ion Financina		¢E (00 0	
24	25	29	30	•		Election Campaign Financing Trust Fund Contribution			S5.00 May Be Added to Fees		
****	 Name and Address of Current F 	legistered Agent				10. Name and Add	ress of New R	ealstered /			
1			81	1	Name						
LAWREN	CE, DIANE		-	Η.	S						
10626 SOUTHWEST 102ND STREET			82	۱ ا	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL			83	s							
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				L					•		
			84	4 3	City			El	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 617.0502 a	nd 617 1508. Florida Statute	e the abov	<u></u>	amed corno	ration cubmits this sta	lamant far the r	<u>FL</u>			
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.											
agont. re	an rammar with, and accept the obligation	is of, Section 617.0503, Flori	ida Statutes	S.							
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE:	Oneistand A.	_6 _1						<u> </u>	
12.	OFFICERS AND D	,	13.	ric siç	gnature required v	when reinstating) ADDITIONS/CHA	NGES TO OFF	DATE ICEDS ANI	DIDEC	TORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE				1020 10 011	OLINO AIN	Chang		
NAME	GONZALEZ, GENE		1.2 NAME						Chang	Jo Addition	
STREET ADDRESS	I		1.3 STREET	TAD	DDESS						
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S							,	
TITLE	D	☐ DELETE	2.1 TITLE	1-21	-				Chang	n Dadelina	
NAME	MANNING, ROBERT		2.2 NAME		Ì				Cloud	je 🗌 Addition	
STREET ADDRESS	l		2.3 STREET	TAD	ADECC.						
CITY-ST-ZIP	MIAMI FL 33176										
TITLE	D	☐ DELETE	2.4 CITY-S 3.1 TITLE	51-ZI	-	·			Chang	Addition	
NAME	LAWTON, BETTY		3.2 NAME					,	☐ Chang	e ^ _ Addition	
STREET ADDRESS	10305 S.W. 90TH STREET		3.3 STREET		DECC						
CITY-ST-ZIP	MIAMI FL	•	1						•	.	
TITLE	D	☐ DELETE	3.4. CITY-S' 4.1 TITLE	11- <u>Z</u> k	-				Chang	- Madelia	
NAME	LAWRENCE, DIANE		4.2 NAME						☐ Chang	e	
STREET ADDRESS	10626 S.W. 102ND STREET		4.3 STREET	ADC	NOEGO			•		İ	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST								
TITLE		☐ DELETE	5.1 TITLE	ı•zır	<u> </u>				Change	e	
NAME (5.2 NAME						Criange	# [] Modition	
STREET ADDRESS			5.3 STREET	ADO	RESS	•		4		ļ	
CITY-ST-ZIP			5.4 CITY-ST	. 7IP						:	
TITLE		☐ DELETE	6.1 TITLE				 		Change	e Addition	
NAME			6.2 NAME		-					7 LI MOUIDON	
STREET ADDRESS			6.3 STREET	ADD	RESS						
CITY-ST-ZIP			6.4 CITY-ST							,	
14. I hereby o	ertify that the information supplied with the	is filing dans not avalify for the	3.4 0.1 7 0.7							*	

I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-2-99 305-536-62602

Applied For

\$8.75 Additional

Fee Required

Not Applicable