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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 718877 (4)  
1. Corporation Name  
KENDALLTOWN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
10333 SOUTH WEST 76 STREET 10333 SOUTH WEST 76 STREET  
MIAMI FL 33173 MIAMI FL 33173-2901

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1971	3a. Date of Last Report 04/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1353211	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LERNER, LISA, ESQUIRE O/O SIEGFRIED, KIPHIS, RIVERA, LERNER 201 ALHAMBRA CIRCLE, STE 1102 MIAMI FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOVICK, ISREAL	1.2 NAME	<del>Michael Graham</del>
STREET ADDRESS	10333 S.W. 76 STREET	1.3 STREET ADDRESS	<del>10333 S.W. 76 ST.</del>
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	<del>MIAMI, FL 33173</del>
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, SUSAN	2.2 NAME	DYP DOERR, MARGA
STREET ADDRESS	10333 S.W. 76 STREET	2.3 STREET ADDRESS	10333 S.W. 76 ST.
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, MICHAEL	3.2 NAME	
STREET ADDRESS	7614 S.W. 106 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMORELLI, LOUIS	4.2 NAME	
STREET ADDRESS	10333 S.W. 76 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGANARO, CHARLES	5.2 NAME	
STREET ADDRESS	10333 S.W. 76 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USHAN, GEORGE	6.2 NAME	
STREET ADDRESS	10333 S.W. 76 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 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 REQUIRED 4/10/97

CR2E037 (9/96)