

**FILE NOW: FILING FEE IS \$61.25**

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 729149  
1. Corporation Name  
KENDALL ACRES WEST CONDO.ASSOC., INC

Principal Place of Business Mailing Address  
8401 SW 107 AVE. COURTESY PROPERTY MGMT.  
MIAMI, FL. 33173 9380 SUNSET DR. #B-250  
MIAMI, FL. 33172

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt #, etc.	26 9380 SUNSET DR.	59-1531464	Applied For / Not Applicable
22 City & State	27 SUITE B-250	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 MIAMI, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 33173	30 DADE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name SIEGFRIED, RIVERA, LERNER AND DELA TORRE	81 Name SKRLD, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL. 33134	82 Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134

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 SKRLD, INC. by: *Donna Leventhal* SECRETARY DATE 4-11-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	DORIS LEVENTHAL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
8401 SW 107 AVE. #220-E	MIAMI, FL. 33173	<i>Donna Leventhal Pres</i> 8401 S.W. 107 Ave 220E Miami, Fla. 33173	
D	HARRIET SALEM	2.1 TITLE	2.2 NAME
8415 SW 107 AVE. #236-W	MIAMI, FL. 33173	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
S	JOYCE MASCHINOT	3.1 TITLE	3.2 NAME
8415 SW 107 AVE. #314-W	MIAMI, FL. 33173	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
T	JAMES MARSHALL	4.1 TITLE	4.2 NAME
8415 SW 107 AVE. #261-W	MIAMI, FL. 33173	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
VP	LOU PARSONS	5.1 TITLE	5.2 NAME
8401 SW 107 AVE. #124-E	MIAMI, FL. 33173	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
D	GEORGE ALEXANDER	6.1 TITLE	6.2 NAME
8401 SW 107 AVE. #237-E	MIAMI, FL. 33173	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: *James Marshall* DATE: 3/28/96 DAYLINE PHONE #

CR2E037 (12/95)

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**1996**



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**DOCUMENT #**

1. Corporation Name  
**KENDALL ACRES WEST CONDO. ASSOC. INC. (CONT)**

Principal Place of Business	Mailing Address
<b>8401 SW 107 AVE. MIAMI, FL. 33173</b>	<b>COURTESY PROPERTY MGMT 9380 SUNSET DR. STE. B-250 MIAMI, FL. 33173</b>

3. Date Incorporated or Qualified	3a. Date of Last Report
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21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt #, etc.	Suite, Apt #, etc.	59-1531464	Not Applicable
22. City & State	27. SUITE B-250	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. MIAMI, FL.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. 33173	30. DADE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
SIEGFRIED, RIVERA, LERNER & DELA TORRE  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL. 33134

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LUIS ARTIME	1.2 NAME	
STREET ADDRESS	8401 SW 107 AVE. #145-E	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33173	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PEARL REISMAN	2.2 NAME	
STREET ADDRESS	8401 SW 107 AVE. #276-W	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33173	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 #

CR2E037 (12/95)