

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729149 (5)
1. Corporation Name
KENDALL ACRES WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 8401 S.W. 107 AVE. MIAMI FL 33173	Mailing Address COURTESY PROPERTY MGMT. 9380 SUNSET DR. #B-250 MIAMI FL 33173-3276
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21 Principal Place of Business	22 Suite, Apt #, etc.	23 City & State	24 Zip	25 Country	26 Mailing Address	27 Suite, Apt #, etc.	28 City & State	29 Zip	30 Country
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3. Date Incorporated or Qualified 03/14/1974	3a. Date of Last Report 04/16/1996
4. FEI Number 59-1531464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**SKRLD, INC.
201 ALHAMBRA CIRCLE/% LISA LERNER
SUITE 1102
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

FL

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEARL REISMAN	
STREET ADDRESS	8415 S. W. 107 AVENUE, #276W	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGE ALEXANDER	
STREET ADDRESS	8401 S. W. 107 AVE., #2373 E	
CITY- ST- ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LOU PARSONS	
STREET ADDRESS	8401 S. W. 107 AVE. #124E	
CITY- ST- ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JAMES MARSHALL	
STREET ADDRESS	8415 S. W. 107 AVE., #261W	
CITY- ST- ZIP	MIAMI FL 33173	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MASCHINOT, JOYCE	
STREET ADDRESS	8415 SW 107 AVE 310W	
CITY- ST- ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEVENTHAL, DORIS	
STREET ADDRESS	8401 SW 107 AVE 220E	
CITY- ST- ZIP	MIAMI FL 33173	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARRIET SALEM	
1.3 STREET ADDRESS	8415 SW 107 AVE. #236W	
1.4 CITY- ST- ZIP	MIAMI FL 33173	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Doris Leventhal Pres.* **3/18/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)