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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729149

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.
 9390 SUNSET DR. #B-250
 MIAMI FL 33172



2. Principal Place of Business

21 13250 SW 135 AVE

Suite, Apt. #, etc.

23 City & State

MIAMI FL

24 Zip Country
 33186 DADE

2a. Mailing Address

26 13250 SW 135 AVE

Suite, Apt. #, etc.

27 City & State

MIAMI FL

28 Zip Country
 33186 DADE

3. Date Incorporated or Qualified

03/14/1974

4. FEI Number

59-1531464

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

85 Zip Code

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

James J. Marshall

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	D	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALEM, HARRIET	1.2 NAME	Luis Artime
STREET ADDRESS	8415 S.W. 107 AVE., #236W	1.3 STREET ADDRESS	8401 SW 107 Ave #145E
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33173
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE ALEXANDER	2.2 NAME	
STREET ADDRESS	8401 S. W. 107 AVE., #2373 E	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOU PARSONS	3.2 NAME	
STREET ADDRESS	8401 S. W. 107 AVE. #124E	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES MARSHALL	4.2 NAME	
STREET ADDRESS	8415 S. W. 107 AVE., #261W	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCHINOT, JOYCE	5.2 NAME	
STREET ADDRESS	8415 SW-107 AVE 310W	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENTHAL, DORIS	6.2 NAME	
STREET ADDRESS	8401 SW 107 AVE 220E	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/18/99

305-271-1753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)