

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
 03-07-2001 90625 020 ****70.00

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DOCUMENT # 729149
 1. Entity Name
KENDALL ACRES WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 13250 SW 135 AVE MIAMI FL 33186	Mailing Address 13250 SW 135 AVE MIAMI FL FL 33186
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1531464	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SKRLD, INC.
201 ALHAMBRA CIRCLE/% LISA LERNER
SUITE 1102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	ARTIME, LUIS	
STREET ADDRESS	8401 SW 107 AVE #145E	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEORGE ALEXANDER	
STREET ADDRESS	8401 S. W. 107 AVE., #2373 E	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" 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	D	<input type="checkbox"/> Delete
NAME	BLANCO, JANET	
STREET ADDRESS	8401 SW 107 AVE # 275E	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEVENTHAL, DORIS	
STREET ADDRESS	8401 SW 107 AVE 220E	
CITY-ST-ZIP	MIAMI FL 33173	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Teagarden	
STREET ADDRESS	8401 SW 107 Ave. #322E	
CITY-ST-ZIP	Miami Florida 33173	
TITLE	D	<input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition
NAME	Julio Orbegoso	
STREET ADDRESS	8401 SW 107 Ave. #260E	
CITY-ST-ZIP	Miami, Florida 33173	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Doughty	
STREET ADDRESS	8401 SW 107 Ave. #331E	
CITY-ST-ZIP	Miami, Florida 33173	
TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Aguiles V/P	
STREET ADDRESS	8401 SW 107 Ave. #332E	
CITY-ST-ZIP	Miami, Florida 33173	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darryl Burgess	
STREET ADDRESS	8415 SW 107 Ave. #359W	
CITY-ST-ZIP	Miami, Florida 33173	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Treas* Date: 3/26/01 Daytime Phone #: 305 271 1753

CR2E037 (10/00)