

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **735876** (5)

1. Corporation Name
BIRD-KENDALL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
12500 SW 51ST ST MIAMI FL 33175 **12500 SW 51ST ST MIAMI FL 33175**

3. Date Incorporated or Qualified **05/18/1976** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-1765654** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
STILL, JUNE
12500 SW 51ST ST
MIAMI, FL
33175

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STILL, RICHARD	
STREET ADDRESS	12500 S. W. 51 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WORRELL, TOM	
STREET ADDRESS	6200 S.W. 125 AVENUE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STILL, JUNE	
STREET ADDRESS	12500 SW 51ST ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PONCE, DAGNY	
STREET ADDRESS	12120 S.W. 47 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEEKS, RON	
STREET ADDRESS	11840 S.W. 47 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENNINGTON, JEAN	
STREET ADDRESS	7000 S.W. 122ND AVENUE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN YEAR		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AMORES, RAUL	
1.3 STREET ADDRESS	11880 S.W. 45 ST	
1.4 CITY-ST-ZIP	MIAMI FL 33175	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MYNATT, MARY	
2.3 STREET ADDRESS	4875 S.W. 122 AVE.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33175	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MILLER, MICHAEL	
3.3 STREET ADDRESS	11923 S.W. 45 ST.	
3.4 CITY-ST-ZIP	MIAMI, FL 33175	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GOMEZ MANNY	
4.3 STREET ADDRESS	12055 S.W. 46 ST.	
4.4 CITY-ST-ZIP	MIAMI, FL. 33175	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WEEKS, RON	
5.3 STREET ADDRESS	11840 S.W. 47 ST.	
5.4 CITY-ST-ZIP	MIAMI, FL 33175	
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 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: June Still (JUNE STILL) 2-1-96 (305) 553-6039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)