

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

**FILED**  
**Apr 30 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735876 (5)**  
 1. Corporation Name  
**BIRD-KENDALL HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>12500 SW 51ST ST MIAMI FL 33175</b>	Mailing Address <b>12500 SW 51ST ST MIAMI FL 33175-5511</b>
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3. Date Incorporated or Qualified <b>05/18/1976</b>	3a. Date of Last Report <b>02/07/1996</b>
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2. Principal Place of Business <b>21 11840 SW 47 Street</b>	2a. Mailing Address <b>26 11840 SW 47 Street</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Miami, Florida</b>	City & State <b>26 Miami, Florida</b>
Zip <b>24 33175-4902</b>	Country <b>25 USA</b>
Zip <b>28 33175-4902</b>	Country <b>30 USA</b>

4. FEI Number <b>59-1765654</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

<b>81 Name</b> <b>Ron Weeks</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>
<b>83</b> <b>11840 SW 47 St.</b>
<b>84 City</b> <b>Miami</b>
<b>85 Zip Code</b> <b>FL 33175-4902</b>

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 **Ron Weeks, Treasurer** *Ron Weeks* DATE **April 17, 1997**

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AMORES, RAUL</b>	
STREET ADDRESS	<b>11880 SW 45TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WORRELL, TOM</b>	
STREET ADDRESS	<b>6200 S.W. 125 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PONCE, DAGNY</b>	
STREET ADDRESS	<b>12120 S.W. 47 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WEEKS, RON</b>	
STREET ADDRESS	<b>11840 S.W. 47 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AMORES, RAUL</b>	
STREET ADDRESS	<b>11880 SW 45TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>V. MANNY GOMEZ</b>
3.3 STREET ADDRESS	<b>3620 SW 108 CT.</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33165</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>S MARIANNE DE LA SIERRA</b>
6.3 STREET ADDRESS	<b>12235 SW 43 ST</b>
6.4 CITY-ST-ZIP	<b>MIAMI, FL 33175</b>

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 **Ron Weeks, Treasurer** DATE **April 17, 1997**

CR2E037 (9/96)