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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 735876

1. Corporation Name

BIRD-KENDALL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

11840 SW 47 STREET
MIAMI FL 33175-4902

Mailing Address

11840 SW 47 STREET
MIAMI FL 33175-4902



* 2 3 0 8 1 5 - 9 0 0 3 1 - 4 9 5 *

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

05/18/1976

4. FEI Number

59-1765654

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

10. Name and Address of New Registered Agent

WEEKS, RON
11840 SW 47 STREET
MIAMI FL 33175-4902

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

Ron Weeks *treasure*

Ronald Weeks

3/12/99

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 ☒ DELETE
NAME **D AMORES, RAUL**
STREET ADDRESS **11880 SW 45TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE
NAME **P WORRELL, TOM**
STREET ADDRESS **6200 S.W. 125 AVENUE**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE
NAME **V GOMEZ, MANNY**
STREET ADDRESS **3620 SW 108 CT.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ DELETE
NAME **D SCHAFF, CHARLOTTE**
STREET ADDRESS **6901 SW 125 AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ DELETE
NAME **T WEEKS, RON**
STREET ADDRESS **11840 S.W. 47 ST.**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☒ DELETE
NAME **S DE LA SIERRA, MARIANNE**
STREET ADDRESS **12235 SW 43 ST.**
CITY-ST-ZIP **MIAMI FL 33175**

1.1 TITLE
1.2 NAME **Dagney Ponce Sec.**
1.3 STREET ADDRESS **12120 SW 47 ST**
1.4 CITY-ST-ZIP **Miami, FL 33175**

2.1 TITLE **VP**
2.2 NAME **Michael Miller**
2.3 STREET ADDRESS **11923 SW 45 ST**
2.4 CITY-ST-ZIP **Miami, FL 33175**

3.1 TITLE **P Gomez, Manny**
3.2 NAME **3620 SW 108 CT**
3.3 STREET ADDRESS **Miami, FL 33165**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **Richard Bradwell**
6.2 NAME **12150 SW 45 ST**
6.3 STREET ADDRESS **Miami FL 33175**
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:

Ron Weeks **SIGNATURE REQUIRED**

3/12/99 (305) 226-7264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)