

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 2:21

DOCUMENT # 748045 (2)

1. Corporation Name

KIMWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1449 NORTH 14TH WAY  
HOLLYWOOD FL 33020

1449 NORTH 14TH WAY  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/11/1979  
3a. Date of Last Report 05/01/1994

4. FEI Number 59-1985639  
Applied For Not Applicable

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

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

BARNABY, LILLIAN P  
1449 N 14TH WAY #103  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name Linda E Menegazzi  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1449 N. 14th way #202  
84 City Hollywood FL 85 Zip Code 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Linda E Menegazzi* Linda E. Menegazzi 2/95  
(Signature and printed name of registered agent and only if applicable to (NOTE: Registered Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BARNABY, LILLIAN P.
STREET ADDRESS	1449 N. 14TH WAY #103
CITY - ST - ZIP	HOLLYWOOD, FL 00000
TITLE	SD
NAME	MENEGAZZIE, LINDA
STREET ADDRESS	1449 N 14 WAY #202
CITY - ST - ZIP	HOLLYWOOD, FL 00000
TITLE	PD
NAME	CRAFT, BARRY
STREET ADDRESS	1449 N 14TH WAT #101
CITY - ST - ZIP	HOLLYWOOD FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Linda E. Menegazzi	
1.3 STREET ADDRESS	1449 N. 14th way #202	
1.4 CITY - ST - ZIP	Hollywood, FL 33020	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eileen Mulbey	
2.3 STREET ADDRESS	1449 N. 14th way #101	
2.4 CITY - ST - ZIP	Hollywood, FL 33020	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael Scott Palmer	
3.3 STREET ADDRESS	1449 N. 14th way #101	
3.4 CITY - ST - ZIP	Hollywood, FL 33020	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input 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 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(4)(b), Florida Statutes. I further certify that the information included 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 registered agent or person empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Linda E Menegazzi* Linda E. Menegazzi 2/95 753-0315  
(Signature and printed name of incorporator or director or officer on this report)