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

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

Daytime Phone # 0021323

1 (FE) ( 1814) 1 (FE) (1814) 1 (FE) ( 1814) 1 (FE)

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

KIMWOOD CONDOMINIUM ASSOCIATION, INC.

D.:	il Di	( D			I											
Principal Place of Business Mailing Address															•••••	
1449 NORTH 14TH WAY HOLLYWOOD FL 33020					1449 NORTH 14TH WAY HOLLYWOOD FL 33020-3246											
										3.	Date Incorpora 07/11/1	ated or Qualifi <b>979</b>	ed 3a.	Date of 1	ast R 4/198	eport 6
2	2. Principal Place of Business				2a. Mailing Address					4.	FEI Number	2000			Дp	plied For
21					26						59-1985639 Not Applicat					t Applicable
Ц	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5	5. Certificate of Status Desired S8.75 Additional					
22	<u> </u>			27						- Commodic of C	>10100 C-001100	<del></del>	F	ee Re	quired	
	City & State			$\vdash$	City & State					6.	Election Campaign Financing \$5.00 May					
23	Zip		Country				Country				Trust Fund Co	· · · · · · · · · · · · · · · · · · ·				o Fees
$\overline{}$	ΣIÞ		Country		Zip	Country	zountry			This corporation	•			ider s.	199.032,	
24		0 Name	25 and Address of Curr	29 ent Regis	tered Agent	30			<del> </del>	10	Florida Statute  Name and Ad		Pegletere			
		<i>5, 144111</i>		om nogu	MOTOR PROFIL		81	T	Name	10.	. Hallo allo Au	101000 U1 110H	LIONITION	A VACIL		
MENEGAZZI, LINDA E.								L	110000							
1449 N. 14TH WAY #202									Street Address (P.O. Box Number is Not Acceptable)							
	HOLLYWOOD FL 33020							63					···			
	HOLLIN	OOD IL 3	002 <del>0</del>													
							84	(	City					85	Zip (	Code
11	Pursuant	to the provis	sions of Sections 617.0	502 and 6	17 1508 Florida Ste	atutos t	ho above	Ļ	namod o	ornoratio	va aubmita thia a	statement for the	F		ning It	- registered
	office or ri	edistered ad	gent, or both, in the Sta	ite of Flori	da. Such change wa	as autho	orized by	v ti	he corpo	oration's t	board of directo	ors. I hereby a	cept the a	ppointme	jiriy ili antas	registered
	agent la	m familiar w	ith, and accept the ob	igations o	r, Section 617.0503,	, F <b>i</b> orida	Statutes	S.								
SIC	SNATURE .	Cionalus Lunes	d or printed name of registered	99991 65d 116	3 poplinskia //	NOTE Do	alatava d A a a				n reinstating)		DATE			
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1	EET ADDRESS		14TH WAY #101				3.3 STREET		nnece							
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NAN					and secure		6.2 NAME								-∞ nyυ	- House
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	r-ST-ZIP															
	I do heret	by certify that	at the information supp	lied with th	nis filing does not au	Jalify for	6.4 CITY-S r the exe	m	ntion stat	ted in Se	ection 119.07(3)	(i). Florida Sta	tutes. I furti	ner certifi	v that	the
	intormatio	in indicated.	on this annual report of clor of the corporation or Block 13 if changed	r supplem	iental annual report i	is true a	and accu	Jra	ate and th	hat mv si	ionature shall ha	ave the same I	legal effect	as if mad	de unc	ler cath: that