FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

749359

(6)

KENDALL HOMEOWNERS, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place	e of Busines	6	N	Malling Address						1811 21311 4181		11211 41411 1291
7120 SW 95 ST				P.O. DRAWER 431456					3. Date Incorporated or Qualified			
P O DRAWER 431456 MIAM FL 33156-3037			M	MIAMI FL 32243					10/16/1979			J
MINM PL 33130	2-3037								4. FEI Number		A	pplied For
									59-2499125		N	lot Applicable
2. Principal Place of Business				2a. Malling Address					5. Certificate of Status Desired			Additional
21				26					V. Commodic of Claro Double		Fee R	lequired
Suite, Apt. #, etc.				Sulte, Apt. #, etc.					6. Election Campaign Financing		\$5.00	
22				City & State					Trust Fund Contribution		Added (
City & State				City & State					7. Is this nonprofit corporation a homeowners association?			
23 Zin	Zip Country			Zip Country					8. This corporation owes or has paid the current year Intangible			
24	25			9 30				Personal Property Tax due June 30. Yes No				
271	9. Name and Address of Current								10. Name and Address of New Re			
						81	Nam	ie				
OPPENH	KEIMER. DO	2A KN K				62	Ctro	nt Addra	ss (P.O. Box Number is Not Accepta	hlo)		
9631 SW 72 COURT				52 50			Sue	ar waares	88 (F.C. Box Number is Not Accepta	DIO)		
MIAMI FL 33156												
						84	City				85 Zip	Code
						1				FL	- -	
11. Pursuant t	to the provis	ions of Sections 617.0	502 and (617.1508, Florida Statu	ites, the a	bove	e-name	ed corpo	ration submits this statement for the	purpose of	changing	its registered
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												
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regi							ent signat	ure required	d when reinstating)	DATE	5.D=5.TA	50.01.45
12.	TO	OFFICERS A	ND DIRE	CTORS DELETE	13.	171 F			ADDITIONS/CHANGES TO OFFI	CERS AND	Change	
TITLE	TD	74 444000000		□ Dereie	1.1 1						Change	
NAME		ZA, LAWRENCE				IAME	, 4 D.D.D.F.O.	_				
STREET ADDRESS		N 72ND CT EL 33156					ADDRES	"				
CITY-ST-ZIP TITLE	VD VD	L 33130		☐ DELETE	2.11		T-ZIP	+			Change	Addition
NAME		AUER, JOHN				MME		-				_
STREET ADDRESS	_	N 73RD AVE					ADDRES	اء				
CITY-ST-ZIP		L 33158					ST-ZIP	~				i
TITLE	PD			DELETE	3.11		D1 E11	1			Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·	R. ALBERT		-	3.21	MME						
STREET ADDRESS		N 95TH ST			3.3 5	TREET	ADDRES	s				
CITY-ST-ZIP		L 33156					ST-ZIP					
TITLE	D			DELETE		TLE					Change	Addition
NAME	OPPENI	HEIMER, DOUGLAS			4.2	NAME						
STREET ADDRESS	9631 SV	N 72 COURT			4.3 9	TREET	ADDRES	s				
CITY-ST-ZIP	MAMI F	L 33156			4.4 (ITY-S	ST - ZIP					
TITLE	VD			DELETE	5.1 1	ITLE					Change	Addition
NAME	CHRIST	ensen, hope mar	ICUS		5.2 (AME						
STREET ADDRESS		N 73 AVENUE			5.3 9	TREET	ADDRES	s				
CITY-ST-ZIP		L 33156					ST - ZIP					
TITLE	SD			DELETE		ITLE					Change	☐ Addition
NAME	SIMON,				6.2 1	ME						
STREET ADDRESS		N 71ST AVE			6.3 8	TREET	ADDRES	s				
CITY-ST-ZIP		L 33156					ST - ZIP					
14. I hereby c	certify that th	e information supplied	with this	filing does not qualify	for the ex	emp	ition st	ated in S	ection 119.07(3)(i), Florida Statutes.	i turther cei	tiry that th	e information

REQUIRED