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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 749359

1. Corporation Name

KENDALL HOMEOWNERS, INC.

Principal Place of Business

7120 SW 95 ST
P O DRAWER 431456
MIAMI FL 33156-3037

Mailing Address

P.O. DRAWER 431456
MIAMI FL 32243



2. Principal Place of Business

21

Suite, Apt. #, etc.

22
City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/16/1979

4. FEI Number

59-2499125

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

**OPPENHEIMER, DOUGLAS
9631 SW 72 COURT
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **MENDOZA, LAWRENCE**
STREET ADDRESS **9600 SW 72ND CT**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VD** ☐ DELETE
NAME **STEINBAUER, JOHN**
STREET ADDRESS **9500 SW 73RD AVE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **PD** ☐ DELETE
NAME **KRAMER, ALBERT**
STREET ADDRESS **7120 SW 95TH ST**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ DELETE
NAME **OPPENHEIMER, DOUGLAS**
STREET ADDRESS **9631 SW 72 COURT**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VD** ☐ DELETE
NAME **CHRISTENSEN, HOPE MARCUS**
STREET ADDRESS **9595 SW 73 AVENUE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **SD** ☐ DELETE
NAME **SIMON, DAVA**
STREET ADDRESS **9215 SW 71ST AVE**
CITY-ST-ZIP **MIAMI FL 33156**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

(305) 667-9922
Daytime Phone #

CR2E037 (11/98)