

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754871

1. Entity Name

KENDALL TRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

13388 SW 128 STREET
MIAMI FL 33186
US

Mailing Address

13388 SW 128 STREET
MIAMI FL 33186
US

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91353 031 *****61.25

00021269



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2168688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLVIN, GLEN
13388 SW 128 STREET
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
PD
ASTIN, DAVID
STREET ADDRESS
7777 SW 100 STREET
CITY-ST-ZIP
MIAMI FL 33156

TITLE ☐ Delete

NAME
VPD
HARUM, ANDREA
STREET ADDRESS
7720 SW 99 STREET
CITY-ST-ZIP
MIAMI FL 33156

TITLE ☐ Delete

NAME
TD
KURLANCHEK, JUD
STREET ADDRESS
7760 SW 99 STREET
CITY-ST-ZIP
MIAMI FL 33156

TITLE ☐ Delete

NAME
S
SHAD, JANET
STREET ADDRESS
7700 SW 99 STREET
CITY-ST-ZIP
MIAMI FL 33156

TITLE ☐ Delete

NAME
D
POOR, DAVID
STREET ADDRESS
7744 SW 99 STREET
CITY-ST-ZIP
MIAMI FL 33156

TITLE ☐ Delete

NAME
D
HARBETT, JUNE
STREET ADDRESS
7762 SW 99 STREET
CITY-ST-ZIP
MIAMI FL 33156

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)