

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

1996 APR 23 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 756275

1. Corporation Name

Kenland Bend North Condominium Association, Inc.

Principal Place of Business

Mailing Address

C/O Lakeview Management, Inc.  
13388 SW 128 Street  
Miami Florida 33186

3. Date Incorporated or Qualified

3a. Date of Last Report

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

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Hyman & Kaplan  
44 West Flagler Street  
14 Floor Court House Tower  
Miami, FL 33130

81

Name

Steven A. Fein, Esq.

82

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

4700-B-Sheridan Street

83

84

City

Hollywood

FL

85

Zip Code

33021

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

*Steven A. Fein*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/20/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE P & TD ☐ DELETE

NAME Mel Bursky  
STREET ADDRESS 8800 SW 123Ct. J304  
CITY - ST - ZIP Miami, FL 33186

TITLE SD ☐ DELETE

NAME Ana Perez  
STREET ADDRESS 8830 SW 123 Ct I109  
CITY - ST - ZIP Miami, FL 33186

TITLE D ☐ DELETE

NAME Felipe Ortiz  
STREET ADDRESS 8830 SW 123 CT I409  
CITY - ST - ZIP Miami, FL 33186

TITLE D ☐ DELETE

NAME Alexander Mowzoon  
STREET ADDRESS 8850 SW 123 CT H401  
CITY - ST - ZIP Miami, FL 33186

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

300001767823  
-04/03/96-01035-016  
##\$61.25

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(3)(k), 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.

SIGNATURE

*Pres.*  
Signature typed or printed name of signing officer or director

Date Daytime Phone

CS 4/3/96

CR2E037 (12/85)