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Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756275 (4)

1. Corporation Name

KENLAND BEND NORTH CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

% LAKEVIEW MANAGEMENT, INC.  
13388 S.W. 128 STREET  
MIAMI FL 33186  
US% LAKEVIEW MANAGEMENT, INC.  
13388 S.W. 128 STREET  
MIAMI FL 33186-5807  
US3. Date Incorporated or Qualified  
02/10/19813a. Date of Last Report  
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEIN, STEVEN A ESQ.  
4700-B SHERIDAN STREET  
HOLLYWOOD FL 33021

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME BURSKY, MEL  
STREET ADDRESS 8800 SW 123 CT J-304  
CITY-ST-ZIP MIAMI FL 331861.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D RON BELL  
8800 SW 123 Ct # J109  
Miami, FL 33186TITLE SD  
NAME PEREZ, ANA  
STREET ADDRESS 8830 SW 123 CT., #1109  
CITY-ST-ZIP MIAMI FL 331862.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D  
NAME ORTIZ, FELIPE  
STREET ADDRESS 8830 SW 123 CT., #1409  
CITY-ST-ZIP MIAMI FL 331863.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME MOWZON, ALEXANDER  
STREET ADDRESS 8850 SW 123 CT., H-401  
CITY-ST-ZIP MIAMI FL 331864.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028013

CR2E037 (9/96)