

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT #

1. Corporation Name 756275 (4)

KENLAND BEND NORTH CONDOMINIUM, INC.

Principal Place of Business c/o The Continental Group 8840 SW 123 Court Miami, FL 33186 US	Mailing Address c/o The Continental Group 12079 SW 131 Avenue Miami, FL 33186 US
--	--

3. Date Incorporated or Qualified

02/10/1981

4. FEI Number

59-2192415

Applied For

☐ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22. City & State

23. Zip

25. Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27. City & State

28. Zip

30. Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

Fein, Steven A. Esq.
4700-B Sheridan Street
Hollywood, FL 33021

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	P/D	<input type="checkbox"/> DELETE
NAME	Mark Yarnold	
STREET ADDRESS	8830 SW 123 Ct., I-207	
CITY-ST-ZIP	Miami, FL 33186	

TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	Jack O'Reilly	
STREET ADDRESS	8850 SW 123 Ct., H-104	
CITY-ST-ZIP	Miami, FL 33186	

TITLE	T/D	<input type="checkbox"/> DELETE
NAME	Hernan Chappuzeau	
STREET ADDRESS	8830 SW 123 Ct., I-309	
CITY-ST-ZIP	Miami, FL 33186	

TITLE	S/D	<input type="checkbox"/> DELETE
NAME	Mario Sanchez	
STREET ADDRESS	8850 SW 123 Ct., H-407	
CITY-ST-ZIP	Miami, FL 33186	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Alexander Mowzoon	
STREET ADDRESS	8850 SW 123 Ct., H-401	
CITY-ST-ZIP	Miami, FL 33186	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Mark A. Yarnold* **MARK YARNOLD, PRESIDENT 2/11/98 BPL-305-529-8099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)