

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90133 003 \*\*\*\*61.25

**DOCUMENT # 756275**

1. Corporation Name

**KENLAND BEND NORTH CONDOMINIUM, INC.**

Principal Place of Business

C/O THE CONTINENTAL GROUP  
6840 SW 123 COURT  
MIAMI FL 33186  
US

Mailing Address

C/O THE CONTINENTAL GROUP  
12079 SW 131 AVENUE  
MIAMI FL 33186



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/10/1981

4. FEI Number

59-2192415

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

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

10. Name and Address of New Registered Agent

81 Name

Hyman & Kaplan

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

150 W. Flagler St., 27 floor

83

Museum Towers

84 City

Miami

FL

85 Zip Code

33186

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: *GARY MAES, ESQ.* **GARY MAES, ESQ.**

**1-22-99**

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 PD ☒ DELETE  
NAME YARNOLD, MARK  
STREET ADDRESS 8830 SW 123 CT., I-207  
CITY-ST-ZIP MIAMI FL 33186

TITLE VD ☒ DELETE  
NAME O'REILLY, JACK  
STREET ADDRESS 8850 SW 123 CT., H-104  
CITY-ST-ZIP MIAMI FL 33186

TITLE TD ☒ DELETE  
NAME CHAPPUZEAU, HERNAN  
STREET ADDRESS 8830 SW 123 CT, I-309  
CITY-ST-ZIP MIAMI FL 33186

TITLE SD ☒ DELETE  
NAME SANCHEZ, MARIO  
STREET ADDRESS 8850 SW 123 CT., H-407  
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ DELETE  
NAME MOWZON, ALEXANDER  
STREET ADDRESS 8850 SW 123 CT., H-401  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Marina Ason  
1.3 STREET ADDRESS 8850 SW 123 Ct  
1.4 CITY-ST-ZIP Miami, FL 33186

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Carmita Moya  
2.3 STREET ADDRESS 8850 SW 123 Ct, H-104  
2.4 CITY-ST-ZIP Miami, FL 33186

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME Adolfo Leon  
3.3 STREET ADDRESS 8830 SW 123 Ct  
3.4 CITY-ST-ZIP Miami, FL 33186

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME Robert Suarez  
4.3 STREET ADDRESS 8860 SW 123 Ct  
4.4 CITY-ST-ZIP Miami, FL 33186

5.1 TITLE VD ☒ Change ☐ Addition  
5.2 NAME ALEXANDER Mowzoon  
5.3 STREET ADDRESS 8850 SW 123 Ct., 401  
5.4 CITY-ST-ZIP Miami, FL 33186

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2.9.99**

**301 255-3000**

CR2E037 (1/98)