

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

DOCUMENT # 757282 (9)
1. Corporation Name
THE GARDENS OF KENDALL SOUTH CONDOMINIUM NO. 6 ASSOCIATION, INC.



Principal Place of Business: **C/O JOHN D. STANLEY, 3 WORLD FINANCIAL CENTER, NEW YORK NY 10285**
Mailing Address: **C/O JOHN D. STANLEY, 3 WORLD FINANCIAL CENTER, NEW YORK NY 10285**

3. Date Incorporated or Qualified: **07/15/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2147874**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 c/o Capital Development, 2150 Coral Way, 6 Floor, Miami FL, 33145**
2a. Mailing Address: **26 c/o Capital Development, 2150 Coral Way, 6 Floor, Miami FL, 33145**

9. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF, SITTERSON, ATTN: MARK SCHNEIDER, 150 WEST FLAGLER STREET, MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: **Gary V. Smith, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable): **Lyons and Smith, P.A., 1230 NW 7 Street**
84 City: **Miami** FL 85 Zip Code: **33125**

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 V. Smith** DATE: **2/16/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STANLEY, JOHN D.	
STREET ADDRESS	NCIAL CENTER 29 FLOOR	
CITY - ST - ZIP	NEW YORK NY 10285	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PALMIER, DANIEL M.	
STREET ADDRESS	3 WORLD FINANCIAL CENTER 29 FLOOR	
CITY - ST - ZIP	NEW YORK NY 10285	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SAWICKI, MARK L.	
STREET ADDRESS	3 WORLD FIANANCIAL CENTER 29 FLOOR	
CITY - ST - ZIP	NEW YORK NY 10285	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hector Lovio	
1.3 STREET ADDRESS	c/o Capital Dev., 2150 Coral Way, 6 Floor	
1.4 CITY - ST - ZIP	Miami FL 33145	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard Solano	
2.3 STREET ADDRESS	c/o Capital Dev., 2150 Coral Way 6 Floor	
2.4 CITY - ST - ZIP	Miami FL 33145	
3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lizaida Mansito	
3.3 STREET ADDRESS	c/o Capital Dev., 2150 Coral Way, 6 Floor	
3.4 CITY - ST - ZIP	Miami FL 33145	
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 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: **Hector Lovio, President** DATE: **(305)858-5620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)