## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 



## Sandra B. Mortham

Secretary d State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

(9)

| 1. Corporation Name  |   |                                |                                  |  |                                |
|--|---|--------------------------------|----------------------------------|--|--------------------------------|
| THE GARDENS OF KENDALL SOUTH CONDOMINIUM NO. 6 A SSOCIATION, INC.  |   |                                |                                  |  |                                |
| Principal Place of Business Mailing Address  |   |                                |                                  | A CORNER CORNER DIRECT TO A CONTRACT CO | AIDH BIBH BIBH BIBH BIBH IBBI  |
| Mr. Robert M. Marconi Same   |   |                                |                                  | 3. Date Incorporated or Qualified  |                                |
| Zimmerman & Marconi  |   |                                |                                  | 07/15/1981   |                                |
| 13320 S.W. 128th Street  |   |                                |                                  | 4. FEI Number Applied For  |                                |
| Miami,   | FL 33186  |                                |                                  | 59-2147874   | Not Applicable                 |
|  | lace of Business                                    | 2a. Malling Address            |                                  | 5. Certificate of Status Desired   | \$8.75 Additional              |
|  | 20 S.W. 1285T                                       | 26 SAME<br>Suite, Apt. #, etc. |                                  |  | Fee Required                   |
| Suite, Apt   | ₩, €(C.   | Suite, Apr. W, etc.            |                                  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees |
| City & State City & State  |   |                                |                                  | 7. Is this nonprofit corporation a homeowr   |                                |
| 23 MIAMI / C. 28   |   |                                |                                  | ☐ Yes  | □ No                           |
| Zip  | Country   | Zip                            | Country                          | B. This corporation owes or has paid the o   |                                |
| 24 <i>33</i>   | 7. 0 0  |                                | 30                               | Personal Property Tax due June 30.  10. Name and Address of New Registers  | Yes No                         |
|  |   |                                |                                  |  |                                |
|  |   |                                |                                  | IMMERMANY MAR  | CONI                           |
| LYONS AND SMITH PA   |   |                                |                                  | ress (P.O. Box Number)'s Not Acceptable)   | ,                              |
| 1230 NW 7TH ST   |   |                                | 83                               |  |                                |
| MIAMI FL 33125   |   |                                | 84 City /                        |  | 85 Zip Code                    |
|  |   |                                | M                                | iAM! F   | L   1.3.3/86                   |
| 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 occept the obligations of Section 617.0503, Florida Statutes. |   |                                |                                  |  |                                |
| agent. I a   | m familiar with, and accept the obliga-             |                                |                                  |  | /m/m.                          |
| SIGNATURE.   | Signature, typed or printed name of registured agen | and the il envisable (NOTE     | Registered Agent signature regul | (red when reinstatus)  | 18/98                          |
| 12.  | OFFICERS AND  |                                | 13.                              | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTORS IN 12             |
| TITLE  | PD  | DELETE                         | 1.1 TITLE                        | 0 11 1   | Change                         |
| NAME   | LOVIO, HECTOR                                       |                                | 1.2 NAME                         | WITH HUDSON OB255.W. 112 AVE. #  | //0                            |
| STREET ADDRESS   | 2150 CORAL WAY 6TH FLOOP                            | }                              |                                  |  | ,,,,                           |
| CITY-ST-ZIP  | MIAMI FL  |                                |                                  | 41'AMI, FC. 33176  |                                |
| TITLE  | VD  | DELETE                         | 2.1 TITLE 5                      | P = Francis  | Change                         |
| NAME   | SOLANO, ROCAHRD                                     | ,                              | 2.2 NAME                         | ASTON FERMANDER. #   | 101                            |
| STREET ADDRESS   | 2150 CORAL WAY 6TH FLOOF<br>  MIAMI FL              | (                              |                                  | all the animal   | . ,                            |
| CITY-ST-ZIP<br>TITLE   | STD   | DELETE                         | 2.4 CITY-ST-ZIP                  | MIAMI, FC. 33176   | Change                         |
| NAME   | MANSITO, LIZAIDA                                    | A.S. Octave                    |                                  | OSE PITA - ROMERO  |                                |
| STREET ADDRESS   | 2150 CORAL WAY 6TH FLOOP                            | }                              | 3.3 STREET ADDRESS               | OSE PITA - ROMERO # 30   | 9 <b>9</b>                     |
| CITY-ST-ZIP  | MIAMI FL  |                                | 3.4. CITY-ST-ZIP                 | MiAMI. FL. 33176   |                                |
| TITLE  |   | DELETE                         | 4.1 TITLE                        | ······································   | ☐ Change ☐ Addition            |
| NAME   |   |                                | 4. 2 NAME                        |  |                                |
| STREET ADDRESS   |   |                                | 4.3 STREET ADORESS               |  |                                |
| CITY-ST-ZIP  |   |                                | 4.4 CITY-ST-ZIP                  |  |                                |
| TITLE  |   | ☐ DELETE                       | 5.1 TITLE                        |  | Change Addition                |
| NAME   |   |                                | 5.2 NAME                         |  |                                |
| STREET ADDRESS   |   |                                | 5.3 STREET ADDRESS               |  |                                |
| CITY-ST-ZIP  |   | 1 December                     | 5.4 CITY-ST-ZIP                  |  | Change Addition                |
| TITLE  |   | DELETE                         | 6.1 TITLE                        |  | Change Addition                |
| NAME   |   |                                | 6.2 NAME                         |  | !                              |
| STREET ADDRESS   |   |                                | 6.3 STREET ADDRESS               |  |                                |

14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed of on an attachment with an address.

**SIGNATURE:** 

**FILED** 

Mar 03 1998 8:00am

Secretary of State