


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759090 (4)
1. Corporation Name
KENDALL WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business c/o The Continental Group, Inc. 12079 SW 131 Avenue Miami, FL 33186	Mailing Address c/o The Continental Group, Inc. 12079 SW 131 Avenue Miami, FL 33186
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/10/1981	3a. Date of Last Report 1996
4. FEI Number 59-2313489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SKRLD, Inc.
201 Alhambra Circle
Suite 1102
Coral Gables, FL 33134**

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 SKRLD, Inc. by Lisa A. Lerner *Lisa A. Lerner* Secretary 5/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	GIRAUD, VIRGINIA	
STREET ADDRESS	9107 SW 149 COURT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEPE, EVELYN	
STREET ADDRESS	14927 SW 90 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PACE, JOSEPHINE	
STREET ADDRESS	15028 SW 90 STREET	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAVO, MARIA	
STREET ADDRESS	14911 SW 90 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAVAL, PHILLIP	
STREET ADDRESS	8939 SW 149 PLACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEMAN, ELDA	
STREET ADDRESS	8943 SW 149 PLACE	
CITY-ST-ZIP	MIAMI, FL 33196	

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	

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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: *Maria S. Bravo* April 7 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)