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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Jun 10, 1999 8:00 am
Secretary of State
06-10-1999 90018 020 ****61.25

DOCUMENT # 759903

1. Corporation Name

Ken-Lee Gardens Condominium, Inc.

* 5 7 3 6 6 3 *
573663 - 90018 - 20

Principal Place of Business | Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Assoc. Property Mgmt	26 Assoc. Prop. Mgmt.	09/02/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 59-2125114 ☐ Applied For ☐ Not Applicable
400 S. Dixie Hwy, #10	27 400 So. Dixie Hwy, #10	
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
23 Lake Worth FL	28 Lake Worth, FL	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 33460 25 USA	29 33460 30 USA	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Associated Property Management
82 Street Address (P.O. Box Number is Not Acceptable): 400 South Dixie Hwy, #10
83
84 City: Lake Worth **FL** 85 Zip Code: 33460

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: CLPSA Agent — DATE: 5/21/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hershaw, George 1426 S. Lakeside Drive Lake Worth, Florida 33460	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Seltz, William 220 Boylston Street, #1616 Boston, MA 02116	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Wells, Brian 1430 S. Lakeside Drive, #13 Lake Worth, FL 33460	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Liggett, Marion 1430 South Lakeside Drive, #14 Lake Worth, FL 33460	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Towle, Patricia 514	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: N Rhodes Secretary — 5/21/99 — 561 547 8331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #