

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759903

1. Corporation Name

KEN-LEE GARDENS CONDOMINIUM, INC.

Principal Place of Business

~~#10 SO. 16TH AVENUE~~
~~LAKE WORTH FL 33460~~

Mailing Address

~~#10 SO. 16TH AVENUE~~
~~LAKE WORTH FL 33460~~

99 AUG -4 PM 3: 00

CLERK OF STATE
TALLAHASSEE, FLORIDA



Amended

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Assoc. Prop. Mgmt	26. 4005 Dixie Hwy	09/02/1981
22. Suite, Apt. #, etc.	27. Suite #10	4. FEI Number
400 S. Dixie Hwy #10	City & State	59-2125114
23. Lake Worth, FL	28. Lake Worth, FL	Applied For
24. FL 33460	29. 33460	Not Applicable
25. USA	30. USA	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

CECILIO, JOHN
#10 SOUTH 16TH AVENUE
LAKE WORTH FL 33460

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 Highway
83. Suite #10	
84. City	Lake Worth
85. Zip Code	FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CECILIO, JOHN	1.2 NAME	Hershov, George
STREET ADDRESS	1430 SOUTH LAKESIDE DRIVE #17	1.3 STREET ADDRESS	1432 So. Lakeside Drive, #7
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	Lake Worth, FL 33460
TITLE	VPD	2.1 TITLE	
NAME	SELTZ, WILLIAM E	2.2 NAME	000002959480--1
STREET ADDRESS	220 BOYLSTON STREET #1616	2.3 STREET ADDRESS	-08/13/99--01086--001
CITY-ST-ZIP	BOSTON MA 02116	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	3.1 TITLE	STD
NAME	DIGGETT, MARION	3.2 NAME	Wells, Brian
STREET ADDRESS	1430 SOUTH LAKESIDE DRIVE #14	3.3 STREET ADDRESS	PO Box 3495
CITY-ST-ZIP	LAKE WORTH FL 33460	3.4 CITY-ST-ZIP	Lantana, FL 33462
TITLE	DP	4.1 TITLE	D
NAME	TOWLE, PATRICIA	4.2 NAME	Liggett, Marion
STREET ADDRESS	514 S.W. ATLANTIC AVENUE	4.3 STREET ADDRESS	1430 So. Lakeside Dr, #14
CITY-ST-ZIP	HYPOLUXO ISLAND FL 33482	4.4 CITY-ST-ZIP	Lake Worth, FL
TITLE	SD	5.1 TITLE	D
NAME	CARRANCHO, JOANNA	5.2 NAME	Carrancho, Joanna
STREET ADDRESS	1428 S LAKESIDE DR #24	5.3 STREET ADDRESS	1428 So. Lakeside Dr, #24
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	Lake Worth, FL
TITLE	D	6.1 TITLE	
NAME	HOWARD, MARK	6.2 NAME	
STREET ADDRESS	1428 S LAKESIDE DR #26	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	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 OF REGISTERED AGENT, 7/21/99

Date

Daytime Phone #

561 567
8331

CR2E037 (5/99)