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Mar 20 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 # **768796** (5)

1. Corporation Name

ARBORGATE AT KENDALL LAKES EAST, CONDOMINIUM NO 72 ASSOCIATION INC.

Principal Place of Business

Mailing Address

% VIVIANNE J KATZ
13549 SW 64TH LN. KENDALL LK E.
MIAMI FL 33183

% VIVIANNE J KATZ
13549 SW 64TH LN. KENDALL LK E.
MIAMI FL 33183



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/07/1983	3a. Date of Last Report 02/01/1996
4. FEI Number 26-7340992	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KATZ, MRS VIVIANNE J
13549 SW 64TH LANE
MIAMI FL 33183**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, MRS VIVIANNE J	1.2 NAME	D. VIVIANNE J. KATZ STILL PRES.
STREET ADDRESS	13549 SW 64TH LANE	1.3 STREET ADDRESS	13549 SW 64 LANE
CITY - ST - ZIP	MIAMI, FL 00000	1.4 CITY - ST - ZIP	MIAMI FL 33183
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGUES, FRANK W. SOLD	2.2 NAME	D. HUGO R. ZEPEDA
STREET ADDRESS	13551 SW 64TH LANE	2.3 STREET ADDRESS	13551 SW 64TH LANE
CITY - ST - ZIP	MIAMI, FL 00000	2.4 CITY - ST - ZIP	MIAMI FL 33183
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGUES, L. DAPHNE SOLD	3.2 NAME	
STREET ADDRESS	13551 SW 64TH LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, MR BERNARD	4.2 NAME	D. BERNARD KATZ
STREET ADDRESS	13549 SW 64TH LANE	4.3 STREET ADDRESS	13549 SW 64TH LANE
CITY - ST - ZIP	MIAMI, FL 00000	4.4 CITY - ST - ZIP	MIAMI FL 33183
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vivienne J. Katz

305-387-2382
Daytime Phone # 0078490

CR2E037 (9/96)