


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768796 (5) 1. Corporation Name ARBORGATE AT KENDALL LAKES EAST, CONDOMINIUM NO 72 ASSOCIATION INC.					
Principal Place of Business % VIVienne J KATZ 13549 SW 64TH LN. KENDALL LK E. MIAMI FL 33183			Mailing Address % VIVienne J KATZ 13549 SW 64TH LN. KENDALL LK E. MIAMI FL 33183		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/07/1983	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 26-7340992	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KATZ, MRS VIVienne J 13549 SW 64TH LANE MIAMI FL 33183				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City	
12. OFFICERS AND DIRECTORS				85 Zip Code FL	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE PD <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KATZ, MRS VIVienne J				1.2 NAME	
STREET ADDRESS 13549 SW 64TH LANE				1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 00000				1.4 CITY-ST-ZIP	
TITLE VPD <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ZEPEDA, HUGO				2.2 NAME	
STREET ADDRESS 13551 S.W. 64TH LANE				2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 00000				2.4 CITY-ST-ZIP	
TITLE STD <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KATZ, BERNARD				3.2 NAME	
STREET ADDRESS 13549 S.W. 64TH LANE				3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 00000				3.4 CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KATZ, MR BERNARD				4.2 NAME	
STREET ADDRESS 13549 SW 64TH LANE				4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 00000				4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				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 <input type="checkbox"/> DELETE				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	



CR2E037 (10/97)

SIGNATURE *[Signature]* SIGNATURE REQUIRED KATZ JAN. 19, 1998 305-387-2982