## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 768796**

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

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90008 019 \*\*\*\*61.25



2. Principal Place of Business		2a. Mailing Address			3	Date Incorporated of	r Qualifed		•		
21		26				06/07/1983				•	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4	FEI Number	•		<u> </u>	lied For	
22		27				26-7340992	,			Applicable	
City & State		City & State	City & State			Certificate of Status	Desired [	1	\$8.75 A		
23		28	- No						Fee Rec	quired	
Zip	Country	Zip	Zip Country		6	Election Campaign	1	٦.	\$5.00	* 1	
24	25 29 3		30	Trust Fund Contribution				Added to	Fees		
	9. Name and Address of Current	,	10. Name and Address of New Registered Agent								
				1 Name							
KATZ, MRS VIVIENNE J				82 Street Address (P.O. Box Number is Not Acceptable)							
13549 SW 64TH LANE											
MIAMI FL 33183				3		. ,					
***********			8	4 City					85 Zip C	ode	
			l°	City			, we also	FL	S. 200 4 1	4. 9 657 15/01	
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	ent signatur	e required wher	n reinstating)		DATE		;			
12.	OFFICERS ANI		13.			ADDITIONS/CHANG	ES TO OFFIC	ERS AN	D DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE						☐ Change	☐ Addition	
NAME:	KATZ, MRS VIVIENNE J		1.2 NAME	•					r		
STREET ADDRESS	13549 SW 64TH LANE		1.3 STRE	ET ADORES	ss						
	. na. N = 1 - 2 - 2 - 2 - 2		1.4 CITY	ST-7IP	]						
CITY-ST-ZIP			2.1 TITLE						Change	Addition	
NAME	· · · · · · · · · · · · · · · · · · ·		2.2 NAM	=		_					
	13551 S.W. 64TH LANE		4	2.3 STREET ADDRESS						* *	
STREET ADDRESS	14:111. 1		2. 4 CITY		~						
CITY-ST-ZIP			3.1 TITLE			······································			☐ Change	Addition	
	KATZ, BERNARD	2,0200	3.2 NAMI								
NAME	ACTION ON CATHLEANE			- ET ADORES						{	
STREET ADDRESS					~					1	
CITY-ST-ZIP	MIAMI, FL 00000	☐ DELETE	3.4. CITY 4.1 TITLE		1				Change	Addition	
	KATZ. MR BERNARD	_ >=====	4.2 NAM		1'					_ ,	
NAME	13549 SW 64TH LANE			ET ADDRES							
STREET ADDRESS					~						
CITY-ST-ZIP	MIAMI, FL 00000	☐ DELETE	4,4 CITY 5.1 TITLE			· · ·	7 1 .21 - 31		Change	Addition	
TITLE			5.1 INLE								
NAME				- ET ADDRES	25				•	. }	
STREET ADDRESS	:		5.4 CITY		~	And the second				· ·	
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITLE					· · · ·	Change	Addition	
TITLE		□ DECE IE				1					
NAME	*		6.2 NAM								
STREET ADDRESS	}		6.3 STR	ET ADDRES	55					1	

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.