

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770159 (2)

1. Corporation Name

KENDALL LAKES EAST PATIO CONDOMINIUM ASSOCIATION INC.



Principal Place of Business

Mailing Address

% COURTESY PROPERTY MANAGEMENT, INC.
13500 NORTH KENDALL DRIVE, SUITE 140
MIAMI FL 33186

% COURTESY PROPERTY MANAGEMENT, INC.
13500 NORTH KENDALL DRIVE, SUITE 140
MIAMI FL 33186

3. Date Incorporated or Qualified

09/08/1983

3a. Date of Last Report

02/01/1995

4. FEI Number

59-2044050

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes ☐ No ☐

2. Principal Place of Business

2a. Mailing Address

21 9380 SUNSET DRIVE

26 9380 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B-250

27 SUITE B-250

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL.

Zip

Country

Zip

Country

24 33173

25 DADE

29 33173

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STIEGFRIED, STEVEN M. ESQUIRE
1570 MADRUGA AVENUE SUITE 300
CORAL GABLES FL 33146**

81 Name

MARIA V. ARIAS, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

201 ALHAMBRA CIRCLE

83

SUITE 1102

84 City

CORAL GABLES,

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1502, 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 617.0502, Florida Statutes.

SIGNATURE

Maria V. Arias, Esq.

(NOTE: Registered Agent signature required when reinstating)

3/22/96

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME **P SALAS, ANGEL**
STREET ADDRESS **6225 SW 136 COURT C-104**
CITY-ST-ZIP **MIAMI FL**

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME **D JANE, MANUEL**
STREET ADDRESS **6225 SW 136 COURT C-209**
CITY-ST-ZIP **MIAMI FL**

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME **VD ANGEL, SALAS**
STREET ADDRESS **6216 SW 136TH CT. #G-209**
CITY-ST-ZIP **MIAMI FL**

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME **TD CERELLI, LUIS**
STREET ADDRESS **6236 S.W. 136 CT., #B108**
CITY-ST-ZIP **MIAMI FL**

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

**S MADELINE SHANKEN
6225 SW 136 CT., C104
MIAMI, FL. 33183**

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Luis H. Cerelli

LUIS H. CERELLI

FEB/14/96

(Date)

(Daytime Phone #)

CR2E037 (12/95)

3-26-1996