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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770894

1. Corporation Name

KENDALL CROSSINGS COMMERCE CENTER SECTION TWO CO  
NDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12200 THRU 12250 SW 131 AVE  
MIAMI FL 33186  
US

7885 S.W. 108TH STREET  
MIAMI FL 33156-3613



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

10/24/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0445025

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, TYRONE G  
7885 S.W. 108TH STREET  
MIAMI FL 33156-3613

81 Name

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

83

84 City

FL

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  DELETE  
NAME VD KINNEY, RON  
STREET ADDRESS 12200 SW 131ST AVE  
CITY-ST-ZIP MIAMI FL 33186

1.1 TITLE  Change  Addition  
1.2 NAME Director ALAN TAYLOR  
1.3 STREET ADDRESS 12250 SW 131 AVE  
1.4 CITY-ST-ZIP MIAMI FL 33186

TITLE  DELETE  
NAME PD CASTILLO, DAGOBERTO  
STREET ADDRESS 12240 S.W. 131 AVENUE  
CITY-ST-ZIP -MIAMI FL 33186

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME STMD KENNEDY, TRYONE  
STREET ADDRESS 7885 SW 108TH ST  
CITY-ST-ZIP MIAMI FL 33156

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME MD KENNEDY, TYRONE  
STREET ADDRESS 12216 S.W. 131 AVENUE  
CITY-ST-ZIP MIAMI FL 33186

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Tyrone G. Kennedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/99

Daytime Phone #

305-598-7251

0032421

CR2E037 (11/98)