

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
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95 MAY -1 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **770895** (1)  
1. Corporation Name  
**KENDALL CROSSINGS COMMERCE CENTER SECTION THREE  
CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% T.G. KENNEDY  
7885 S.W. 108 STREET  
MIAMI FL 33156-3613**

2. Principal Place of Business 2a. Mailing Address  
21 **70 T.G. KENNEDY 12252 HAWAIIAN** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **12252/12294 SW 131 AVE** 27  
City & State City & State  
23 **Miami, FL** 28  
Zip Country Zip Country  
24 **33186** 25 **USA** 29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/24/1983** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2735339** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KENNEDY, TYRONE G  
7885 S.W. 108 ST.  
MIAMI FL 33156-3613**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Tyrone G. Kennedy* **TYRONE G. KENNEDY** **4/26/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>PD CASTILLO, DAGOBERTO 12240 S.W. 131 AVENUE MIAMI FL 33186</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>VD FOGG, JOHN 6620 S.W. 8TH STREET MIAMI FL 33144</b>	17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>STD FOX, SUZANNE 13101 S.W. 87 AVENUE MIAMI FL 33176</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D CROSBY, SARA 8295 SW 153 STREET MIAMI FL 33157</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D MOULTON, JOHN 12282 S.W. 131 AVENUE MIAMI FL 33186</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Resign on 4/26/95</i>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D CABELLO, ALBERT 12282 S.W. 131 AVENUE MIAMI FL 33186</b>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.07(3)(b), 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 of this report, or in an attachment with an address.

SIGNATURE: *Dagoberto Castillo* **CASTILLO, DAGOBERTO P/D** **4/26/95** **305-253-1115**