

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770895 (1)**  
 1. Corporation Name  
**KENDALL CROSSINGS COMMERCE CENTER SECTION THREE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business C.O.T.G. KENNEDY 12252 - 12294 SW 131 AVENUE MIAMI FL 33186 US	Mailing Address % T.G. KENNEDY <del>42232 - 12294 SW 131 AVENUE</del> MIAMI FL 33186 US
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3. Date Incorporated or Qualified <b>10/24/1983</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number <b>59-2735339</b>	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address <b>7885 SW 108 ST.</b>
23. City & State <b>Miami, FL</b>	24. Zip <b>33156-3613</b>
25. Country <b>US</b>	26. Country <b>US</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>CASTILLO, DAGOBERTO</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>12240 S.W. 131 AVENUE</b>	CITY-ST-ZIP <b>MIAMI FL 33186</b>	1.2 NAME	
TITLE <b>VD</b>	NAME <b>FOGG, JOHN</b>	1.3 STREET ADDRESS <b>7885 SW 108 ST</b>	
STREET ADDRESS <b>8620 S.W. 8TH STREET</b>	CITY-ST-ZIP <b>MIAMI FL 33144</b>	1.4 CITY-ST-ZIP <b>MIAMI, FL, 33156</b>	
TITLE <b>STD</b>	NAME <b>FOX, SUZANNE</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>13101 S.W. 87 AVENUE</b>	CITY-ST-ZIP <b>MIAMI FL 33176</b>	2.2 NAME	
TITLE <b>D</b>	NAME <b>CROSBY, SARA</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>8295 SW 153 STREET</b>	CITY-ST-ZIP <b>MIAMI FL 33157</b>	2.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>CABELLO, ALBERT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>12282 S.W. 131 AVENUE</b>	CITY-ST-ZIP <b>MIAMI FL 33186</b>	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 **Mr. Tyrone G. Kennedy**

SIGNATURE: \_\_\_\_\_ **7885 SW 108 St.** **6/24/98** **305-598-7251**

CR2E037 (10/97)