

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N23194 (6)

1. Corporation Name

KENDALE LAKES CHAPTER #4088 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

18707 S. W. 66TH STREET 3080  
MIAMI FL 33183

18707 S. W. 66TH STREET 3080  
MIAMI FL 33183

3. Date Incorporated or Qualified  
10/27/1987

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 9240 S.W. 124<sup>th</sup> STREET

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI, FLORIDA

28 City & State

MIAMI, FLORIDA

24 Zip

25 Country

33176

DADE

29 Zip

30 Country

4. FEI Number  
94-3049938

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERMAN, MARVIN L.  
18707 S. W. 66TH STREET 3080  
MIAMI FL 33183

81 Name NATHAN FARBER

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

9240 S.W. 124<sup>th</sup> STREET

83

84 City MIAMI, FLORIDA

FL

85 Zip Code 33176

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

*Nathan Farber*  
Signature, typed or printed name of registered agent and title if applicable

NATHAN FARBER

(NOTE: Registered Agent signature required when reinstating)

DATE

6-5-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME HERMAN, MARVIN L.  
STREET ADDRESS 13707 SW 66TH STREET  
CITY - ST - ZIP MIAMI FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME NATHAN FARBER  
1.3 STREET ADDRESS 9240 S.W. 124<sup>th</sup> ST, MIAMI, FLA 33176  
1.4 CITY - ST - ZIP

TITLE VD ☐ DELETE  
NAME BAUER, LAURA  
STREET ADDRESS 8980 SW 14TH TERRACE  
CITY - ST - ZIP MIAMI FL 33175

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME EDITH HALL  
2.3 STREET ADDRESS 4343 S.W. 129 AVENUE  
2.4 CITY - ST - ZIP MIAMI, FLORIDA 33175

TITLE SD ☐ DELETE  
NAME HOLMES, DOROTHY  
STREET ADDRESS 8201 S.W. 93RD AVENUE  
CITY - ST - ZIP MIAMI FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME ROSE MARGOLIS  
3.3 STREET ADDRESS 7935 S.W. 19<sup>th</sup> STREET, MIAMI, FLA 33155  
3.4 CITY - ST - ZIP

TITLE TD ☐ DELETE  
NAME HITCHINS, MILICENT C  
STREET ADDRESS 13522 S.W. 65TH LANE  
CITY - ST - ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME 500001892725  
4.3 STREET ADDRESS -07/12/96--01077--026  
4.4 CITY - ST - ZIP \*\*\*61.25

TITLE D ☐ DELETE  
NAME HERMAN, RUTH  
STREET ADDRESS 18707 SW 66TH STREET  
CITY - ST - ZIP MIAMI FL 33183

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME D-SPECIAL EVENTS  
5.3 STREET ADDRESS NATHAN FARBER  
5.4 CITY - ST - ZIP 9240 S.W. 124<sup>th</sup> ST, Miami, FLA 33176

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MILICENT HITCHINS (305) 386-1953

CR2E037 (3/96)