

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N29142 (9)**  
1. Corporation Name  
**KENDALL-DEVONAIRE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 2351 MIAMI FL 33116</b>		Mailing Address <b>P.O. BOX 2351 MIAMI FL 33116</b>	
3. Date Incorporated or Qualified <b>11/04/1988</b>		3a. Date of Last Report <b>05/01/1995</b>	

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>65-0053152</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KOBRI, DAVID A. 8900 SW 107TH AVENUE #206 MIAMI FL 33176</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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]* DATE: **4/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REICHERT, LISA K</b>	1.2 NAME	<b>SOLANA, EDUARDO</b>
STREET ADDRESS	<b>12061 S.W. 119TH STREET</b>	1.3 STREET ADDRESS	<b>12061 SW 119th ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VESELS, LISA</b>	2.2 NAME	<b>ALLEN, FORREST</b>
STREET ADDRESS	<b>11710 S.W. 119 PL. RD.</b>	2.3 STREET ADDRESS	<b>11710 SW 119 PL RD</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRAHAM, INES</b>	3.2 NAME	<b>VAGLIO, MAUREEN</b>
STREET ADDRESS	<b>12011 S.W. 108TH STREET</b>	3.3 STREET ADDRESS	<b>12011 SW 108th St</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRISTIN, JOSEPH</b>	4.2 NAME	
STREET ADDRESS	<b>11930 S.W. 119TH PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOTO, MIRTA</b>	5.2 NAME	<b>VREELAND SUSAN</b>
STREET ADDRESS	<b>12371 S.W. 109TH TERR.</b>	5.3 STREET ADDRESS	<b>1237 SW 109th TER</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>VIDAURRE, MARIA E.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>12013 SW 108th St</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>MIAMI, FL 33186</b>

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]* DATE: **4/12/96** (305) 274-8658  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)