

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 # N94000004333 (0)

1. Corporation Name

KENDALL BUSINESS CENTER I CONDOMINIUM ASSOCIATIO  
N, INC.



Principal Place of Business

Mailing Address

%WOODS MANAGEMENT  
2740 W 5TH AVE  
HIALEAH FL 33010

%WOODS MANAGEMENT  
2740 W 5TH AVE  
HIALEAH FL 33010

3. Date Incorporated or Qualified  
08/30/1994

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Int'l Real Estate Ent.

26 13000 SW 120 Street

4. FEI Number

59-2005908

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami

28 FL

33186-4522

24 Zip Country

29 Zip Country

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

SCHENK, HAROLD  
C/O WOODS MANAGEMENT  
2740 W 5 AVE  
HIALEAH FL 33010

81 Name Ivanka M. Froyo, Realtor Mng.

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

13000 SW 120 Street

83

84 City

Miami

FL

85 Zip Code  
33186

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

3/14/1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME FARMER, EUGENE  
STREET ADDRESS 13321 SW 124 ST.  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD ☒ DELETE  
NAME ADAMS, CHARLES  
STREET ADDRESS 9940 SW 97 COURT  
CITY-ST-ZIP MIAMI FL

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

TITLE D ☒ DELETE  
NAME ZAMBRANO, YOLANDA  
STREET ADDRESS 10420 SW 142 AVE  
CITY-ST-ZIP MIAMI FL

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

TITLE STD ☐ DELETE  
NAME LIMA, JOSE  
STREET ADDRESS 12319 SW 133 COURT  
CITY-ST-ZIP MIAMI FL

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

TITLE VD ☐ DELETE  
NAME GRAHAM, KRISTEN  
STREET ADDRESS 12301 SW 133 COURT  
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ DELETE  
NAME Simmons, Amy  
STREET ADDRESS 12313 SW 133 Court  
CITY-ST-ZIP Miami, FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000001793870  
-04/25/96--01017--001  
\*\*\*70.00

SC 4-24-96

CR2E037 (12/95)