## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT #

N9400005544 (1)

KENDALLWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address		r obblicht bod ibini bibli bblin 90ini 9	BUIL BUILL EELEH BIIBT BUUL BIZIT ZUET HUBI
8200 S.W. 91 MIAMI FL 33		8200 S.W. 91ST AVENU MIAMI FL 33173	E		
				3. Date Incorporated or Qualified 11/09/1994	3a. Date of Last Report 03/28/1995
	tace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# oto	26		65-0442999	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	( <del>0</del>	City & State		6. Election Campaign Financing	□ \$5.00 May Be
Zip	Country	28	T	Trust Fund Contribution	Added to Fees
24	25	Zip <b>29</b>	Country 30	8. This corporation has liability for int	
	9. Name and Address of Curre		30	Florida Statutes  10. Name and Address of New Reg	Yes No
7.10.			81 Name	10. Hamo and Address of How Hal	listered Adelit
PARALE	GAL & ATTORNEY SERVICE BU	IREAU. INC.	20	10.0	
	AYS STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)	1
SUITE 2	•		83		
TALLAHASSEE FL 32301			20.0		
			84 City		FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpo and of directors. I hereby accept the appoin	se of changing its registered office
familiar wi	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was authorize tion 617.0503, Florida Statutes.	d by the corporation's box	ard of directors. I hereby accept the appoin	tment as registered agent. I am
SIGNATURE	_	,			
	Signature, typed or printed name of registered agen		E: Registered Agent signature requir	ed when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD DEMNE STACEY	DELETE	1.1 TITLE		Change Addition
NAME	DEVINE, STACEY 8200 S.W. 91ST AVENUE		1.2 NAME		
STREET ADDRESS	MIAMI FL 33173		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD VD	Постет	1.4 CITY-ST-ZIP		
NAME	RANDALL, GORDON		2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	8200 S.W. 91ST AVENUE		2.2 NAME		
	MIAMI FL 33173		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	STD	[ ] DELETE	2. 4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
NAME	SUAREZ, BENIGNO	Differe	3 1 TITLE		Change Addition
STREET ADDRESS	8200 S.W. 91ST AVENUE		3 2 NAME		
CITY-ST-ZIP	MIAMI FL		3.3 STREET ADDRESS		
TITLE	<b></b>	DELETE	3.4. C(TY-\$T-Z(P) 4.1 T(TLE)		Change Classe
NAME		Detteit	4. 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZiP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			52 NAME		C ourside C vagation
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. I do hereby	y certify that the information supplied	with this filing is voluntarily furnis	and and decree to the se	or the exemption stated in Section 119.07(	3)(k), Florida Statutes, I further
oath; that I appears in	I am an officer or director of the corpo Block 12 <u>ocBlock</u> 13 if changed, or o	iration or the receiver or trustee in or an attachment with an address	ii report is true and accura ampowered to execute thi ss.	or the exemption stated in Section 119.07( ate and that my signature shall have the sar is report as required by Chapter 617, Florid	ne legal effect as if made under a Statutes; and that my name

BENIGNO