## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1998 8:00am

Secretary of State

- 1 (TACLIA) ALC TAKIT BIRAN BIRAN

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400005544 (1)

KENDALLWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address														
8200 S.W. 91ST AVENUE   MIAMI FL 33173				8200 S.W. 91ST AVENUE MIAMI FL 33173					3.	Date Incorporated or Qualified				
	-		No.	THE CO   10				1	_	11/09/1994 FEI Number	Т	-12	"	
										65-0442999	-		pplied For ot Applicable	
2. Principal Place of Business				2a. Mailing Address					<u> </u>	-	- \$8	<del></del> -	Additional	
21				26					5.	Certificate of Status Desired			equired	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						Election Campaign Financing	•		May Be	
22 City & State				City & State						Trust Fund Contribution	-	ided to		
23			28						7. Is this nonprofit corporation a homeowners association?  ✓ Yes □ No					
Zip	Country			Zip	Country				This corporation owes or has paid the current year Intangible					
24		25	29		30						Yes		] No	
	9. Name	and Address of Curr	ent Regis	tered Agent			ı -		10.	Name and Address of New Registered	Agent			
						81	۱ ۱	Name						
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.						82	S	Street Addres	dress (P.O. Box Number is Not Acceptable)					
1406 HAYS STREET							-						· · · · · ·	
Suite 2 Tallahassee FL 32301							L							
INCOVIC	NOULL IL	22001				84	(	City		FL	85	Zip (	Code	
11. Pursuant	to the provis	ions of Sections 617.05	02 and 6	17.1508, Florida Sta	tutes, th	ne above	9-n:	amed corpor	ration	submits this statement for the nurnose of	chan	ging it	s registered	
agent. I a	m <b>fa</b> miliar wi	th, and accept the obli	gations of	na. Such change wa f, Section 61 <mark>7.0503</mark> ,	is autho Florida	Statutes	/ (IN 3.	ie corporation	n's bo	oard of directors. I hereby accept the app	ointme	eni as	registered	
SIGNATURE														
12.	Signature, typed	or printed name of registered a OFFICERS A	<del></del>			istered Age	enl B	gnature required t		reInstating) DATE DDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12	
TITLE	PD	OT TOLITOT	TID BITTE	☐ DELETE		1.1 TOTLE	_			DETITION OF THE PARTY OF THE PA	CI		Addition	
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STREET ADDRESS		W. 91ST AVENUE		1.3 \$			1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FI	L 33173				1.4 CITY - S1	T- Z	IP						
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CITY-ST-ZIP	MIAMI FI					3.4. CITY-S		1						
TITLE	14412			☐ DELETE	1	4.1 TITLE					☐ Cr	nange	Addition	
NAME					- 1	4. 2 NAME								
STREET ADDRESS					- 1	4.3 STREET	ADD	DRESS						
CITY-ST-ZIP				Descri	_	4.4 CITY - ST	1 - Z	IP .			<del></del>		1 1 4 4 100	
TITLE				☐ DELETE		5.1 TITLE					☐ Ch	ange	L. Addition	
NAME Street address					1	5.2 NAME	4 D.C	DEECC						
CITY-ST-ZIP						5.3 STREET / 5.4 CITY - ST								
TITLE				☐ DELETÉ		5.1 TITLE	1-21	IF			☐ Ch	iange	Addition	
NAME					6	5.2 NAME						. •		
STREET ADDRESS					E	5.3 STREET A	ADO	DRESS						
CITY-ST-ZIP						6.4 CITY - S1								
indicated officer or o	14. Thereby 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.													