

# 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 # **769475** (5)

1. Corporation Name

**KENSINGTON WALK MASTER ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**5295 TOWN CENTER ROAD, STE 200  
BOCA RATON FL 33486**

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BOCA RATON FL 33486**

3. Date Incorporated or Qualified  
**07/20/1983**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**59-2371470**

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

**ISAACSON, WILLIAM K.  
5295 TOWN CENTER RD.  
BOCA RATON FL 33486**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<del>NORMAN, PHIL</del>	
STREET ADDRESS	<del>21943 REMSEN TERRACE #101</del>	
CITY - ST - ZIP	<del>BOCA RATON FL</del>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PETRETTI, ANITA	
STREET ADDRESS	6550 SOMERSET DR #208	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COHEN, ANDREW	
STREET ADDRESS	6660 SOMERSET DR. #201	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPARCO, JOHN	
STREET ADDRESS	21951 SOUNDVIEW TERR 201	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>MOORE, ROY</del>	
STREET ADDRESS	<del>21951 SOUNDVIEW #209</del>	
CITY - ST - ZIP	<del>BOCA RATON FL</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORREO, ANTHONY	
STREET ADDRESS	6585 SOMERSET DR., #204	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Mrs. Ruth Rapaport (KW III)</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	<b>6585 Somerset Drive, #202</b>	
1.3 STREET ADDRESS	<b>Boca Raton, Florida 33433</b>	<b>VP</b>
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>Mrs. Anita Petretti (KW III)</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	<b>6550 Somerset Drive, #208</b>	
2.3 STREET ADDRESS	<b>Boca Raton, Florida 33433</b>	<b>Sec/Treas</b>
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>ANDREW M COHEN</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	<b>6660 SOMERSET DR #201</b>	
3.3 STREET ADDRESS	<b>BOCA RATON, FL 33433</b>	<b>Pres</b>
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>John Jo Rapaport</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	<b>21951 Soundview Terr</b>	
4.3 STREET ADDRESS	<b>Boca Raton, Fla. 33433</b>	<b>D</b>
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>Guinay, Patrick</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	<b>21950 Soundview 201</b>	
5.3 STREET ADDRESS	<b>Boca Raton, 33433</b>	<b>D</b>
5.4 CITY - ST - ZIP		
6.1 TITLE	<b>William R. Murrell</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	<b>6585 SOMERSET DR. #204</b>	
6.3 STREET ADDRESS	<b>BOCA RATON FL</b>	<b>D</b>
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

Daytime Phone #

CR2E037 (12/95)