


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 7540 US HWY ONE #104 LANTANA FL 33462 US  
Mailing Address: 7540 US HWY ONE #104 LANTANA FL 33462 US

3. Date Incorporated or Qualified: 07/20/1983  
4. FEI Number: 59-2371470  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
ESTEBANEZ, ERIE  
7540 US HWY ONE  
STE 104  
LANTANA FL 33462

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD
NAME	RUTH RAPAPORT KW 111	1.2 NAME	Meir Rapaport
STREET ADDRESS	6585 SOMERSET DR. 202	1.3 STREET ADDRESS	6585 Somerset Dr H 202
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL. 33433
TITLE	SD	2.1 TITLE	Andrew Cohen V.P.D
NAME	MEMANUS, SAMANTHA	2.2 NAME	6660 Somerset Dr. #201
STREET ADDRESS	21943 REMSEN TERR #C-106	2.3 STREET ADDRESS	Boca Raton, Fl. 33433
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	SD
NAME	COHEN, ANDREW	3.2 NAME	Picciocchi, Sandy
STREET ADDRESS	6660 SOMERSET DR B201	3.3 STREET ADDRESS	21943 Remsen Terr
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, Fl. 33433
TITLE	TD	4.1 TITLE	T.D
NAME	FREEMAN, NANCY	4.2 NAME	O'CONNOR, Timothy
STREET ADDRESS	21950 SOUNDVIEW TERR #H202	4.3 STREET ADDRESS	21938 Remsen Terr #205
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton, Fl. 33433
TITLE	D	5.1 TITLE	
NAME	QUINEY PATRICK	5.2 NAME	
STREET ADDRESS	21950 SOUNDVIEW 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MORREO, ANTHONY	6.2 NAME	
STREET ADDRESS	6585 SOMERSET DR., #204	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. I hereby 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.

SIGNATURE: \_\_\_\_\_ DATE: 6/25/98

CR2E037 (10/97)