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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769475

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/20/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2371470

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESTEBANEZ, ERIE
7540 US HWY ONE
STE 104
LANTANA FL 33462

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME PD
PAPAPORT, MEIR
STREET ADDRESS 6585 SOMERSET DR. 202
CITY-ST-ZIP BOCA RATON FL

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

TITLE DELETE
NAME VPD
COHEN, ANDREW
STREET ADDRESS 6660 SOMERSET DR, #201
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE DELETE
NAME PD
COHEN, ANDREW
STREET ADDRESS 6660 SOMERSET DR B201
CITY-ST-ZIP BOCA RATON FL

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

TITLE DELETE
NAME SD
PICCIOHI, SANDY
STREET ADDRESS 21973 REMSEN TERR, #205
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE DELETE
NAME D
QUINEY PATRICK
STREET ADDRESS 21950 SOUNDVIEW 201
CITY-ST-ZIP BOCA RATON FL

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

TITLE DELETE
NAME TD
O'CONNO, TIMOTHY
STREET ADDRESS 21938 REMSEN TERR, #205
CITY-ST-ZIP BOCA RATON FL 33433

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0045992

CR2E037 (11/98)