

**2000 UNIFORM BUSINESS REPORT (UBR)**

SECRET

**DOCUMENT # 769475**

1. Entity Name

**KENSINGTON WALK MASTER ASSOCIATION, INC.**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90051 042 \*\*\*\*61.25

Principal Place of Business C/O RONALD E. D'ANNA, ESQ. 2300 GLADES RD., STE. 400 EAST TOWER BOCA RATON FL 33462 US	Mailing Address C/O RONALD E. D'ANNA, ESQ. 2300 GLADES RD., STE. 400 EAST TOWER BOCA RATON FL 33431-7386 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2371470</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

D'ANNA, RONALD E ESQ.  
MATTJUN & MCCLOSKEY  
2300 GLADES RD., STE 400 EAST TOWER  
BOCA RATON FL 33431

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAPAPORT, MEIR 6585 SOMERSET DR. 202 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COHEN, ANDREW 8660 SOMERSET DR. #201 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, ANDREW 8660 SOMERSET DR B201 BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PICCIOHI, SANDY 21973 REMSEN TERR, #205 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINEY PATRICK 21950 SOUNDVIEW 201 BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'CONNO, TIMOTHY 21939 REMSEN TERR, #205 BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rapaport, Meier 6585 Somerset Drive, #202 Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delasantos, Nora 21954 Tidewater Ter., #105 Boca Raton, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yap, Troy 21951 Soundview Ter., #107 Boca Raton, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Pettretti, Adelsone 6550 Somerset Dr., #208 Boca Raton, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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 #

CR2E037 (9/99)