


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 769475		
1. Entity Name KENSINGTON WALK MASTER ASSOCIATION, INC.		
Principal Place of Business 6600 SOMERSET DR BOCA RATON, FL 33487 US	Mailing Address C/O FEDERAL HOME & PROPERTY MANAGEMENT PO BOX 811180 BOCA RATON, FL 33481-1180	



01132006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2371470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANDELL K ROGER AND ASSOCIATES
 621 NW 53 ST
 STE300
 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$81.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, MAUREEN 8585 SOMERSET DR., #1205 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEFILDIS, PAUL 21954 TIDEWATER TERR., #F207 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEPARD, KELLY 21943 REMSEN TERRACE #C102 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERGUSON, CHRISTINE 21943 REMSEN TERRACE #C203 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONO-MARANO, PATRICIA 21938 REMSEN TERRACE #D202 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVES, IGOR 21951 SOUNDVIEW TERRACE #G101 BOCA RATON, FL 33433

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 02/21/06-80013-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 517, 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: Maureen Walsh - MAUREEN WALSH 1/30/06 861-750-3492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #