

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90001 044 \*\*\*\*61.25

**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**

40040400



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2371470**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WALSH, MAUREEN ☐ Delete  
STREET ADDRESS 6585 SOMERSET DR., #1205  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VPD  
NAME DEFILDIS, PAUL ☐ Delete  
STREET ADDRESS 21954 TIDEWATER TERR., #F207  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE SD  
NAME SHEPARD, KELLY ☐ Delete  
STREET ADDRESS 21943 REMSEN TERRACE #C102  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE SD  
NAME FERGUSON, CHRISTINE ☐ Delete  
STREET ADDRESS 21943 REMSEN TERRACE #C203  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE TD  
NAME BONO-MARANO, PATRICIA ☐ Delete  
STREET ADDRESS 21938 REMSEN TERRACE #D202  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE SD ☒ Delete  
NAME ALVES, IGOR  
STREET ADDRESS 21951 SOUNDVIEW TERRACE #G101  
CITY-ST-ZIP BOCA RATON, FL 33433

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition  
NAME PAUL DE FILIPPIS  
STREET ADDRESS 21954 TIDEWATER TERR #F207  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME MEGAN TILES  
STREET ADDRESS 6585 SOMERSET DR #1202  
CITY-ST-ZIP BOCA RATON, FL 33433

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 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:

*Maureen Walsh*

2/15/07

581-394-2523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #