


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90033 037 ****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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01142008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 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 | | | 7. Name and Address of New Registered Agent | | |
| RANDELL K ROGER AND ASSOCIATES 621 NW 53 ST STE300 BOCA RATON, FL 33487 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALSH, MAUREEN | | NAME | | |
| STREET ADDRESS | 6585 SOMERSET DR., #1205 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEFILIPPIS, PAUL | | NAME | | |
| STREET ADDRESS | 21954 TIDEWATER TERR., #F207 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SHEPARD, KELLY | | NAME | WALTER VIGORNA BARBER | |
| STREET ADDRESS | 21943 REMSEN TERRACE #C102 | | STREET ADDRESS | 21951 SOMERSET TERRACE G-209 | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERGUSON, CHRISTINE | | NAME | | |
| STREET ADDRESS | 21943 REMSEN TERRACE #C203 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BONO-MARANO, PATRICIA | | NAME | | |
| STREET ADDRESS | 21938 REMSEN TERRACE #D202 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TILLES, HELEN MEGAN | | NAME | MEGAN TILLES | |
| STREET ADDRESS | 6585 SOMERSET DR., I-102 | | STREET ADDRESS | 6585 SOMERSET DR. I 102 BOCA RATON | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | 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: <u>Maureen Walsh MAUREEN WALSH</u> | | Date: <u>3/31/08</u> | | Daytime Phone #: <u>750-3492</u> | |