

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION:
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769476** (3)
1. Corporation Name
KENSINGTON WALK CONDOMINIUM ONE ASSOCIATION, INC.

Principal Place of Business Mailing Address
**5295 TOWN CENTER RD.
BOCA RATON FL 33486** **5295 TOWN CENTER RD.
BOCA RATON FL 33486**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **07/20/1983** 3a. Date of Last Report **03/04/1994**
4. FEI Number **59-2371472** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ISAACSON, WILLIAM K.
5295 TOWN CENTER RD.
SUITE 200
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994	
TITLE	SD	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTELLI, JOAN	12 NAME	
STREET ADDRESS	6649 SOMERSET DR #201	13 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	14 CITY, ST, ZIP	
TITLE	PD	21 TITLE	TREASURER/PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN, PHIL	22 NAME	PHIL NORMAN
STREET ADDRESS	21943 REMSEN TERR #101	23 STREET ADDRESS	21943 REMSEN TERR #101
CITY, ST, ZIP	BOCA RATON FL	24 CITY, ST, ZIP	BOCA RATON, FL 33437
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ANDREW	32 NAME	
STREET ADDRESS	6660 SOMERSET DR. #204	33 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 of this report, or on an amendment with or without.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR