2003 NOT-FOR-PROFIT CORPORATION

FILED Mar 10, 2003 8:00 am § Secretary of State UNIFORM BUSINESS REPORT (UBR **DOCUMENT # 769476** 1. Entity Name 03-10-2003 90115 005 ****61 25 KENSINGTON WALK CONDOMINIUM ONE ASSOCIATION, INC. Principal Place of Business Mailing Address 6600 SOMERSET DR PO BOX 811180 **BOCA RATON FL 33433 BOCA RATON FL 33481-1180** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2371472 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAYE & ROGER PA **6261 NW 6TH WAY** SUITE 103 FT LAUDERDALE FL 33309 the above named entity supports 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 . 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD TITLE Delete TITLE Change ☐ Addition NAME PICCOCHI, SANDY NAME STREET ADDRESS 21943 REMSON TERR. # STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP P/D TITLE ☐ Delete TITLE Change ☐ Addition NAME COHEN, ANDREW NAME STREET ADDRESS 6660 SOMERSET DR B201 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME **OOEID, JUAN CARLOS** NAME STREET ADDRESS 6660 SOMERSET DR., 107-B STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

TITLE

NAME

SIGNATURE REQUIRED

☐ Delete

2/12/09

☐ Change

☐ Addition