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Jul 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01114 (0)

1. Corporation Name
KENSINGTON WALK CONDOMINIUM TWO ASSOCIATION, INC



Principal Place of Business 5295 TOWN CENTER ROAD BOCA RATON FL 33486	Mailing Address 5295 TOWN CENTER ROAD BOCA RATON FL 33486-1003
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3. Date Incorporated or Qualified 01/26/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 7540 U.S. Hwy One Suite, Apt. #, etc. 22 104 City & State 23 Lantana FL. Zip 24 33462	2a. Mailing Address 26 Suite, Apt. #, etc. 27 SAUL City & State 28 Zip 29 Country 30 USA
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4. FEI Number 59-2513169	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**ISSACSON, WILLIAM K.
5295 TOWN CENTER ROAD
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name **Eric Estebaner**
82 Street Address (P.O. Box Number is Not Acceptable)
7540 U.S. Hwy One, Ste 104
83
84 City **Lantana** FL 85 Zip Code **33462**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Eric Estebaner* DATE **4/7/97**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOPARCO, JOHN	
STREET ADDRESS	21951 SOUND VIEW TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WOODWARD, CLIFF	
STREET ADDRESS	21951 SOUNDVIEW #108	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	GUINEY, PATRICK	
STREET ADDRESS	21950 SOUNDVIEW	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIANE CURRID	
1.3 STREET ADDRESS	21950 SOUNDVIEW TERR #105	
1.4 CITY-ST-ZIP	BOCA RATON FL 33433	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NANEY FREEMAN	
2.3 STREET ADDRESS	21950 SOUNDVIEW TERR #202	
2.4 CITY-ST-ZIP	BOCA RATON FL 33433	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATRICK GUINEY	
3.3 STREET ADDRESS	21950 SOUNDVIEW TERR #201	
3.4 CITY-ST-ZIP	BOCA RATON FL 33433	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 if changed, or on an attachment with an address.

CR2E037 (9/96)