


FILE NOW: FILING FEE IS \$61.25

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Jul 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04157 (6)**

1. Corporation Name  
**KENSINGTON WALK CONDOMINIUM THREE ASSOCIATION, I NC.**



Principal Place of Business <b>5295 TOWN CENTER ROAD BOCA RATON FL 33486</b>	Mailing Address <b>5295 TOWN CENTER ROAD BOCA RATON FL 33486-1003</b>
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3. Date Incorporated or Qualified <b>07/12/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>7540 U.S. Hwy One</b>	2a. Mailing Address 26 <b>Same</b>
22 Suite, Apt. #, etc. <b>104</b>	27 Suite, Apt. #, etc. <b>Same</b>
23 City & State <b>Lantana Fl.</b>	28 City & State
24 Zip <b>33462</b>	25 Country <b>USA</b>
29 Zip	30 Country

4. FEI Number <b>59-2494079</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**ISAACSON, WILLIAM K. C/O LANG MGMT.  
5295 TOWN CENTER ROAD  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name <b>Eric Estebane</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7540 U.S. Hwy One Sk 104</b>
83
84 City <b>Lantana</b>
85 State <b>FL</b>
86 Zip Code <b>33462</b>

11. Pursuant to the provisions of Sections 617.0302 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 Estebane* 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 <b>SD</b>	NAME <b>RAPAPORT, RUTH</b>	STREET ADDRESS <b>6585 SOMERSET #202</b>	CITY-ST-ZIP <b>BOCA RATON FL</b>	<input type="checkbox"/> DELETE
TITLE <b>PD</b>	NAME <b>PETRETTI, ANITA</b>	STREET ADDRESS <b>6550 SOMERSET DR. #208</b>	CITY-ST-ZIP <b>BOCA RATON FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>TD</b>	NAME <b>MORREO, ANTHONY</b>	STREET ADDRESS <b>6585 SOMERSET DR. #204</b>	CITY-ST-ZIP <b>BOCA RATON FL</b>	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	1.2 NAME <b>Ruth Rapaport</b>	1.3 STREET ADDRESS <b>6585 Somerset Dr #202</b>	1.4 CITY-ST-ZIP <b>Boca Raton, Fl. 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>SD</b>	4.2 NAME <b>JACK Daughton</b>	4.3 STREET ADDRESS <b>6549 Somerset Dr. #206</b>	4.4 CITY-ST-ZIP <b>Boca Raton, Fl. 33433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

*Ruth Rapaport* **4/10/97**

CP2E037 (9/96)