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**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90110 023 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N04157**

1. Corporation Name

**KENSINGTON WALK CONDOMINIUM THREE ASSOCIATION, I  
 NC.**

Principal Place of Business

7540 US HWY ONE  
 #104  
 LANTANA FL 33462  
 US

Mailing Address

7540 US HWY ONE  
 #104  
 LANTANA FL 33462  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/12/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2494079

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESTEBANEZ, ERIE**  
 7540 US HWY ONE  
 STE 104  
 LANTANA FL 33462

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME **PD**  
**PETTRETI, PETE**  
 STREET ADDRESS **6550 SOMMERSET DR, #208**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

1.1 TITLE  Change  Addition

TITLE  DELETE

NAME **TD**  
**RAPAPORT, MEIR**  
 STREET ADDRESS **6585 SOMERSET DR, #202**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

2.1 TITLE  Change  Addition

TITLE  DELETE

NAME **SVPD**  
**TITONE, STEVE**  
 STREET ADDRESS **6551 ARLEIGH CT #105**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

3.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)