

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N51102 (4)

1. Corporation Name  
**THE KENSINGTON COMMONS ASSOCIATION, INC.**



Principal Place of Business: 3300 UNIVERSITY DR. CORAL SPRINGS FL 33065  
Mailing Address: 3300 UNIVERSITY DR. CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 10/01/1992  
3a. Date of Last Report: 01/30/1995  
4. FEI Number: 65-0408954  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 C/O SUNRAE MGMT SERVICES, 22 4000 NO. STATE ROAD 7 SUITE # 408 A, 23 LAUDERDALE LAKES, FL, 24 Zip 33319, 25 Country BROWARD  
2a. Mailing Address: 26 C/O SUNRAE MGMT. SERVICES, 27 4000 NO. STATE ROAD 7 SUITE # 408 A, 28 LAUDERDALE LAKES, FL, 29 Zip 33319, 30 Country BROWARD

9. Name and Address of Current Registered Agent  
FLORIDA NATIONAL PROPERTIES, INC.  
3300 UNIVERSITY DR.  
10TH FLOOR  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent  
81 SUNRAE MANAGEMENT SERVICES INC.  
82 4000 NO. STATE ROAD 7  
83 SUITE 408-A  
84 LAUDERDALE LAKES FL, 85 Zip Code 33319

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: \_\_\_\_\_ (Print Name of Registered Agent and Title, if applicable) (Print Registered Agent signature, regardless of jurisdiction) Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCGOWAN, JAMES P.	
STREET ADDRESS	3300 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TARAVELLA, J.P. JR.	
STREET ADDRESS	3300 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEONHARDT, STEVEN A.	
STREET ADDRESS	3300 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS 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

11 TITLE	PRESIDENT / D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DAVID SLOAN	
13 STREET ADDRESS	5409 109 AVE	
14 CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
21 TITLE	V.P. - SECRETARY / D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	IRA LONDON	
23 STREET ADDRESS	5303 NW 108 WAY	
24 CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
31 TITLE	TREASURER / D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DAVID MINKIN	
33 STREET ADDRESS	5223 NW 110 AVE.	
34 CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 119.07(3)(k), 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.

SIGNATURE: *IRA LONDON* IRA LONDON 3/12/96 305-345-2301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)