

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90276 006 ****61.25

DOCUMENT # N51102

1. Entity Name
Kensington Commons HOA, Inc.

Principal Place of Business
7071 WEST COMMERCIAL BLVD
Suite 2B
Tamarac, FL 33319

Mailing Address
7071 W. Commercial Blvd.
Suite 2B
Tamarac, FL 33319

00055595

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
65-0408954

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Sunrae Management Services Inc.**

Street Address (P.O. Box Number is Not Acceptable)
7071 WEST COMMERCIAL BLVD

SUITE 2B

City **Tamarac** FL Zip Code **33319**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Karen Busch, VP**

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

FILE NOW
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	Sloan, David	5409 NW 109th Lane	Coral Springs, FL 33076	
S	London, Ira	5303 NW 108th Way	Coral Springs, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	Minkin, David	5223 NW 110 Ave	Coral Springs, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Zoboto, Leigh	5241 NW 109th Lane	Coral Springs, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Ferranti, Anthony	5305 NW 107th Avenue	Coral Springs, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Dawn Ant** Treasurer

4/24/01

CR2E037 (11/00)