

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90090 032 \*\*\*\*61.25

**DOCUMENT # N51102**

1. Entity Name

**THE KENSINGTON COMMONS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O SUNRAE MGMT SERVICES  
 4000 NO STATE ROAD 7 SUITE 408A  
 LAUDERDALE LAKES FL 33319

C/O SUNRAE MGMT SERVICES  
 4000 NO STATE ROAD 7 SUITE 408A  
 LAUDERDALE LAKES FL 33319

**360719**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O Sunrae Mgmt. Services

7071 W. Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7071 W. Comm Blvd #2B

2B

City & State

City & State

Tamarac

Tamarac

4. FEI Number

65-0408954

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

33319

Country

USA

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

SUNRAE MANAGEMENT SERVICES INC  
 4000 NO STATE ROAD 7 SUITE 408-A  
 10TH FLOOR  
 LAUDERDALE LAKES FL 33319

Name Sunrae Management Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

7071 W. 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/LC/M*

4-24-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Delete
NAME	SLOAN, DAVID	
STREET ADDRESS	5409 109 LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	LONDON, IRA	
STREET ADDRESS	5303 NW 108 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	T	<input type="checkbox"/> Delete
NAME	MINKIN, DAVID	
STREET ADDRESS	5223 NW 110 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZOLOTO, LEIGH	
STREET ADDRESS	5241 NW 109TH LN	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERANTI, ANTHONY	
STREET ADDRESS	5305 NW 107TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sloan, David	
STREET ADDRESS	5409 NW 109th Lane	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	London, Ira	
STREET ADDRESS	5303 NW 108th Way	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Merlob, Michael	
STREET ADDRESS	10709 NW 55th Place	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*DAVID MINKIN*

4-24-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #