



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N51102 1. Entity Name THE KENSINGTON COMMONS ASSOCIATION, INC.	
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Principal Place of Business C/O SUNRAE MGMT SERVICES 7071 W. COMM BLVD #2B LAUDERDALE LAKES, FL 33319 US	Mailing Address C/O SUNRAE MGMT SERVICES 7071 W. COMM BLVD #2B LAUDERDALE LAKES, FL 33319 US
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DO NOT WRITE IN THIS SPACE

	
01202004 No Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0408954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SUNRAE MANAGEMENT SERVICES INC 7071 W. COMMERCIAL BLVD STE 2 B LAUDERDALE LAKES, FL 33319	

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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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MINKIN, DAVID 5223 NW 110TH AVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZOLOTO, LEIGH 524 109TH LANE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MINKIN, DAVID 5223 NW 110 AVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZOLOTO, LEIGH 5241 NW 109TH LN CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MERLOB, MICHAEL 10709 NW 55TH PLACE POMPANO BEACH, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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000000029680
02/04/04-80075-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Pres.* 1/27/04 *954 733-9010*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR