


FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90002 049 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N51102					
1. Entity Name THE KENSINGTON COMMONS ASSOCIATION, INC.					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0408954	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 7071 W. COMMERCIAL BLVD STE 2 B LAUDERDALE LAKES, FL 33319			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINKIN, DAVID			NAME	LEIGH ZOLOTO
STREET ADDRESS	5223 NW 110TH AVE			STREET ADDRESS	5241 NW 109 LANE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076			CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLOTO, LEIGH			NAME	
STREET ADDRESS	524 109TH LANE			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINKIN, DAVID			NAME	
STREET ADDRESS	5223 NW 110 AVE			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLOTO, LEIGH			NAME	
STREET ADDRESS	5241 NW 109TH LN			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERLOB, MICHAEL			NAME	
STREET ADDRESS	10709 NW 55TH PLACE			STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33076			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <u>David Minkin</u> David Minkin				Date: <u>4/12/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>954 783-9010</u>	

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