

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005184 (7)

1. Corporation Name

CLASSICS AT KENSINGTON I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4400 WEST SAMPLE RD.
SUITE 200
COCONUT CREEK FL 33073-3450**

**4400 WEST SAMPLE RD.
SUITE 200
COCONUT CREEK FL 33073-3450**

3. Date Incorporated or Qualified
11/17/1993

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Sunvest Management, Inc.

26 Sunvest Management, Inc.

4. FEI Number

65-0441077

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 441 S. State Rd 7, Ste 4

27 441 S. State Rd. 7, Ste 4

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

23 Margate, FL

28 Margate, FL

Country

Country

Zip

Zip

24 33068

25 Broward

29 33068

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MINTO BUILDERS (FLORIDA), INC.
ATTN: MICHAEL GREENBERG
4400 WEST SAMPLE RD., SUITE 200
COCONUT CREEK FL 33073-3450**

81 Name

Sunvest Management, Inc. Attn: Harold Hyman

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

441 South State Road Seven, Ste 4

83

84 City

Margate

FL

85 Zip Code

33068

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

Signature, typed or printed name of registered agent and filer, or applicant

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BEER, T R**
STREET ADDRESS **4400 W. SAMPLE RD., SUITE 200**
CITY - ST - ZIP **COCONUT CREEK FL 33073-3450**

TITLE **STD** ☐ DELETE
NAME **RODGERS, FRANK**
STREET ADDRESS **4400 W. SAMPLE RD., SUITE 200**
CITY - ST - ZIP **COCONUT CREEK FL 33073-3450**

TITLE **VD** ☐ DELETE
NAME **CLEMENT, GARY**
STREET ADDRESS **4400 W. SAMPLE RD., SUITE 200**
CITY - ST - ZIP **COCONUT CREEK FL 33073-3450**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☐ Change ☐ Addition
12 NAME **WOLFE, LARRY**
13 STREET ADDRESS **5446 N.W. 106 Drive**
14 CITY - ST - ZIP **Coral Springs, FL**

21 TITLE **STD** ☐ Change ☐ Addition
22 NAME **Gentile, Paul**
23 STREET ADDRESS **5205 N.W. 106 Drive**
24 CITY - ST - ZIP **Coral Springs, FL**

31 TITLE **VD** ☐ Change ☐ Addition
32 NAME **Carriere, Frank**
33 STREET ADDRESS **5320 N.W. 106 Drive**
34 CITY - ST - ZIP **Coral Springs, FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 **970-0555**
Date Daytime Phone #

CR2E037 (12/95)