

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90186 029 ****61.25

DOCUMENT # N93000005184

1. Corporation Name

CLASSICS AT KENSINGTON I HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1280 S.W. 36TH AVE. SUITE 301 POMPANO BEACH FL 33069 US

Mailing Address

1280 S.W. 36TH AVE. SUITE 301 POMPANO BEACH FL 33069 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/17/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0441077

Applied For.

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EXCLUSIVE PROPERTY MANAGEMENT, INC. 1280 S.W. 36TH AVE. SUITE 301 POMPANO BEACH FL 33069

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~Director~~ DELETE

NAME WOLFE, LARRY STREET ADDRESS 5446 N.W. 106 DRIVE CITY-ST-ZIP CORAL SPRINGS FL 33076

1.1 TITLE DIRECTOR Change Addition

TITLE ~~ONES~~ DELETE

NAME GENTILE, PAUL STREET ADDRESS 5205 N.W. 106 DRIVE CITY-ST-ZIP CORAL SPRINGS FL 33076

2.1 TITLE PRES Change Addition

TITLE ~~SIT~~ DELETE

NAME AMOLS, JACK STREET ADDRESS 5550 N.W. 106 DRIVE CITY-ST-ZIP CORAL SPRINGS FL 33076

3.1 TITLE SIT Change Addition

TITLE DELETE

NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETE

NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)