

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90007 017 ****61.25

DOCUMENT # N93000005184



1. Entity 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

4003111



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0441077	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 BAKALAR & EICHNER, P.A. 150 S PINE ISLAND RD STE 540 PLANTATION, FL 33324	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEBRON, CARLOS 5445 NW 106TH DR CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMOLS, JACK 5550 N.W. 106 DRIVE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAVLIK, RUDY 5319 NW 106 DRIVE CORAL SPRINGS, FL 33076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ENGLISH, BRYAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, TONY 5241 NW 106TH DRIVE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSCAR, SANDI 5593 NW 106 DR CORAL SPRINGS, FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, DAVID 5534 NW 106 DR CORAL SPRINGS, FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Date _____ Daytime Phone # _____

ATTACHMENT # N93000005184

40037117

RUN DATE: 3/13/06
 RUN TIME: 12:54 PM

Page: 1

CLASSICS AT KENSINGTON I HOA, INC.
 BOARD/COMMITTEE MEMBERS REPORT AS OF 03/13/06

NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION
CLASS: PRESIDENT				
CARLOS LEBRON 5445 N. W. 106th DRIVE Coral Springs FL 33076	PRESIDENT clebron@cloverseas.com	305-863-0305 305-863-9055	954-340-7228 954-328-5310	Dec 2005
CLASS: VICE-PRESIDENT				
BRYAN ENGLISH 5599 N. W. 106th DRIVE Coral Springs FL 33076				
CLASS: SECRETARY				
ANTHONY ALLEN 5241 N. W. 106th DRIVE Coral Springs FL 33076	SECRETARY tony@myfloridafinance.com	227-8400	954-752-8793 803-6530	Dec 2005
CLASS: TREASURER				
JACK AMOIS 5550 N. W. 106th DRIVE Coral Springs FL 33076			954-341-1648 954-341-2470	954-605-5307
CLASS: DIRECTOR				
Sandi Oscar 5593 N. W. 106th DRIVE Coral Springs FL 33076	SANLADY8@BELLSOUTH.NET		954-341-5019 954-729-7281C	
DAVID RICE 5532 N. W. 106th DRIVE Coral Springs FL 33076				
CLASS: DIRECTOR				
JOSEPH GUTERMAN 5446 N. W. 106th DRIVE Coral Springs FL 33076		800-265-8901	954-344-3664	

ATTACHMENT # N93000005184

40037117

RUN DATE: 3/13/06
RUN TIME: 12:54 PM

CLASSICS AT KENSINGTON I HOA, INC.
BOARD/COMMITTEE MEMBERS REPORT AS OF 03/13/06

NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION
--------------	--------------	----------	-----------	-----------------

CLASS: DIRECTOR

Lois Randley			954-340-2641	
5367 N. W. 106th DRIVE	RANDLEY@BELLSOUTH.NET		954-592-0029C	
Coral Springs FL 33076				

CLASS: DIRECTOR

LESLIE DREICHLER		954-753-9000	954-462-4776	
5229 N. W. 106th DRIVE	SASS621@YAHOO.COM			
Coral Springs FL 33076				

CLASS: DIRECTOR

Judith Gulko			954-757-8288	
5304 N. W. 106th DRIVE	GULKOJ@BELLSOUTH.NET			
Coral Springs FL 33076				