

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 26, 2009
Secretary of State**

DOCUMENT# N93000005184

Entity Name: CLASSICS AT KENSINGTON I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0441077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 S PINE ISLAND RD STE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICE, DAVID
Address: 5532 NW 106 DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: TD () Delete
Name: AMOIS, JACK
Address: 5550 NW 106 DR
City-St-Zip: CORAL SRPINGS, FL 33076

Title: VPD () Delete
Name: ENGLISH, BRYAN
Address: 5319 NW 106 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD () Delete
Name: ALLEN, TONY
Address: 5241 NW 106TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: OSCAR, SANDI
Address: 5593 NW 106 DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: RANDLEY, LOIS
Address: 5367 NW 106 DR
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: AMOIS, JACK
Address: 5550 NW 106 DR
City-St-Zip: CORAL SRPINGS, FL 33076

Title: TREA (X) Change () Addition
Name: ENGLISH, BRYAN
Address: 5599 NW 106 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD (X) Change () Addition
Name: ALLEN, ANTHONY
Address: 5241 NW 106TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID RICE

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date