

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005914 (6)**

1. Corporation Name

KENSINGTON AT PALM BEACH POLO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 12785-C FOREST HILL BLVD C/O WELLINGTON MANAGEMENT INC WEST PALM BEACH FL 33414	Mailing Address 12785-C FOREST HILL BLVD C/O WELLINGTON MANAGEMENT INC WEST PALM BEACH FL 33414-4763
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3. Date Incorporated or Qualified 11/23/1994	3a. Date of Last Report 02/07/1996
4. FEI Number 65-0562077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MCLAUGHLIN, RC
11809 POLO CLUB RD
SUITE 500
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name **John Newsome**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **12785-C Forest Hill Blvd.**
84 City **Wellington** FL 85 Zip Code **33414**

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]* DATE **4-7-97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WELCH, JACK	
STREET ADDRESS	11809 POLO CLUB RD.	
CITY - ST - ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCLAUGHLIN, R C	
STREET ADDRESS	11809 POLO CLUB RD.	
CITY - ST - ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARR, DANIEL L	
STREET ADDRESS	11809 POLO CLUB RD.	
CITY - ST - ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'connor, Tim
2.3 STREET ADDRESS	11809 Polo Club Rd.
2.4 CITY - ST - ZIP	Wellington, FL 33414
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Allan Snow
3.3 STREET ADDRESS	11809 Polo Club Rd.
3.4 CITY - ST - ZIP	Wellington FL 33414
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tammy Greeley
4.3 STREET ADDRESS	11809 Polo Club Rd
4.4 CITY - ST - ZIP	Wellington FL 33414
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Clark Hetherington
5.3 STREET ADDRESS	11809 Polo Club Rd
5.4 CITY - ST - ZIP	Wellington FL 33414
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *[Signature]* DATE **4-7-97** DAYTIME PHONE # **798-7282**

CR2E037 (9/96)