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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N94000005914

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0562077	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEWSOME, JOHN 12785-C FOREST HILL BLVD WELLINGTON FL 33414				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELCH, JACK			1.2 NAME			
STREET ADDRESS	11809 POLO CLUB RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'CONNOR, TIM			2.2 NAME			
STREET ADDRESS	11809 POLO CLUB RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SNOW, ALLAN			3.2 NAME			
STREET ADDRESS	11809 POLO CLUB RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREELY, TAMMY			4.2 NAME			
STREET ADDRESS	11809 POLO CLUB RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HETHERINGTON, CLARK			5.2 NAME			
STREET ADDRESS	11809 POLO CLUB RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	Craig Gale		
STREET ADDRESS				6.3 STREET ADDRESS	11809 Polo Club Rd		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Wellington FL 33414		

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: _____ DATE: 4/3/99 DAYTIME PHONE #: (561) 798-7023

CR2E037 (11/98)