

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90075 048 \*\*\*\*61.25

**DOCUMENT # N94000005914**

1. Entity Name  
**KENSINGTON AT PALM BEACH POLO HOMEOWNERS ASSOCIA**

Principal Place of Business      Mailing Address  
 12785-C FOREST HILL BLVD      12785-C FOREST HILL BLVD  
 C/O WELLINGTON MANAGEMENT INC      C/O WELLINGTON MANAGEMENT INC  
 WEST PALM BEACH FL 33414      WEST PALM BEACH FL 33414-4777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0562077**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEWSOME, JOHN**  
**12785-C FOREST HILL BLVD**  
**WELLINGTON FL 33414**

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.

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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	O'CONNOR, TIM	
STREET ADDRESS	11809 POLO CLUB RD.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLE, CRAIG	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Khoury	
STREET ADDRESS	2666 Sheltingham Dr.	
CITY-ST-ZIP	Wellington FL 33414	
TITLE	D, UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank D'Amelio	
STREET ADDRESS	2659 Sheltingham Dr.	
CITY-ST-ZIP	Wellington FL 33414	
TITLE	D, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norma Freeman	
STREET ADDRESS	2690 Sheltingham Dr.	
CITY-ST-ZIP	Wellington FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: SIGNATURE KHOURY      3-10-00      561-753-9380  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)