

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90369 040 ****61.25

DOCUMENT # N94000005914

1. Entity Name

KENSINGTON AT PALM BEACH POLO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12785-C FOREST HILL BLVD
 WELLINGTON MANAGEMENT INC
 WEST PALM BEACH FL 33414

12785-C FOREST HILL BLVD
 C/O WELLINGTON MANAGEMENT INC
 WEST PALM BEACH FL 33414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0562077

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DP** Delete
 NAME: **KHOURY, JULIE**
 STREET ADDRESS: **2666 SHELTONS HAM DR**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: Change Addition
 NAME: **D Sled, Tom**
 STREET ADDRESS: **2715 Sheltingham Dr.**
 CITY-ST-ZIP: **Wellington, FL 33414**

TITLE: **DVP** Delete
 NAME: **D'AMELIO, FRANK**
 STREET ADDRESS: **2659 SHELTINGHAM DR**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: Change Addition
 NAME: **[Signature]**
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **DST** Delete
 NAME: **FIREMAN, NORMA**
 STREET ADDRESS: **2690 SHELTINGHAM DR.**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change 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 REPAIRED AMELIO

4/9/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)