


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90029 039 ****61.25

DOCUMENT # N94000005914

1. Entity 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
3461-B Fairlane Farms Rd

3. Mailing Address
3461-B Fairlane Farms Rd

Suite, Apt. #, etc.

01152004 Chg-NP CR2E037 (10/03)

City & State
Wellington FL

City & State
Wellington FL

Zip
33414

Country
USA

Zip
33414

Country
USA

4. FEI Number
65-0562077

Applied For
 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
Newsome, John

Street Address (P.O. Box Number is Not Acceptable)
3461-B Fairlane Farms Rd

City
Wellington

FL Zip Code
33414

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. I am familiar with, and accept the obligations of registered agent.

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

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP D'AMELIO, FRANK 2659 SHELTINGHAM DR WELLINGTON, FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST FIREMAN, NORMA 2690 SHELTINGHAM DR. WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEA, TOM 2715 SHELTINGHAM DR WELLINGTON, FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Jane Aversano 2722 Sheltingham Dr Wellington FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another title empowered.

SIGNATURE: [Signature] **THOMAS SHEA** **3/8/04**
Signature, typed or printed name of signing officer or director Date Daytime Phone #