

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90070 044 ****61.25

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03012007 Chg-NP CR2E037 (12/06)

| | | | | | |
|--|----------------------|---|---|--|-----------------------------------|
| DOCUMENT # N94000005914 1. Entity Name KENSINGTON AT PALM BEACH POLO HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 3461 B FAIRLANE FARMS RD. WEST PALM BEACH, FL 33414 | | | Mailing Address 3461 B FAIRLANE FARMS RD. WEST PALM BEACH, FL 33414 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0562077 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| NEWSOME, JOHN 3461-B FAIRLANE FARMS RD. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | D'AMELIO, FRANK | | NAME | | |
| STREET ADDRESS | 2659 SHELTINGHAM DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | AVERSANO, JANE | | NAME | | |
| STREET ADDRESS | 2722 SHELTINGHAM DR. | | STREET ADDRESS | 2731 SHELTINGHAM DR | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RUPP, CYNTHIA | | NAME | | |
| STREET ADDRESS | 2715 SHELTINGHAM DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jane R Aversano</u> | | Date: <u>3/30/07</u> | | Daytime Phone: <u>561-790-3812</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |