

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000985 (0)

1. Corporation Name

KENSINGTON AT CHAPEL TRAIL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 820911
SOUTH FLORIDA FL 33082

P O BOX 820911
SOUTH FLORIDA FL 33082

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 PINES PROPERTY MGT

26 PINES PROPERTY MGT

4. FEI Number

65 05 601 99

Applied For

Not Applicable

Suite, Apt. #, etc.

22 17340 PINES BLVD

Suite, Apt. #, etc.

27 POB 820100

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 PEMBROKE PINES FL

City & State

28 SO. FLORIDA FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 33029

Country

25 USA

Zip

29 33082-0100

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

KAYE & ROGER PA
1500 W CYPRESS CREEK ROAD SUITE 207
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name THOMAS R EVANS JR
82 Street Address (P.O. Box Number is Not Acceptable) 70 PINES PROPERTY MGT
83 17340 PINES BLVD
84 City PEMBROKE PINES FL 85 Zip Code 33029

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 617.033, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Thomas R Evans Jr THOMAS R EVANS JR 1-31-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	STEUBER, DANIEL	19143 NW 12 CT	PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/>
TD	ROSINSKY, LISA	18821 NW 13 COURT	PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/>
SD	REICK, IVAN	19167 NW 13 COURT	PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/>
D	LUBIN, SETH	P O BOX 414162	MIAMI BEACH FL 33141	<input checked="" type="checkbox"/>
D	TUCKER, ED	1061 NW 192 AVE	MIAMI FL 33029	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	LUBIN, SETH	PO BOX 414162	MIAMI BEACH FL 33141	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VPO	FREED, JULIE	18737 NW 13 CT	PEMBROKE PINES FL 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPO	VOLLOVICK, HOWARD	19162 NW 12 CT	PEMBROKE PINES FL 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	BALLMAN, DIANE	19141 NW 12 ST	PEMBROKE PINES, FL 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	KEDZERSKI, RAY	1021 NW 188 AVE	PEMBROKE PINES FL 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Raymond T. Kedzinski* RAYMOND T. KEDZERSKI 3/22/96 (954) 434-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)