

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 OCT 21 PM 3: 07

SECRETARY OF STATE

DOCUMENT # N95000000985 (0)

1. Corporation Name

KENSINGTON AT CHAPEL TRAIL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
C/O PINES PROPERTY MANAGEMENT 17340 PINES BLVD PEMBROKE PINES FL 33029 US		C/O PINES PROPERTY MANAGEMENT P.O. BOX 820100 PEMBROKE PINES FL 33082-0100 US	

3. Date Incorporated or Qualified	
02/27/1995	
4. FEI Number	Applied For
65-0384808	Not Applicable

21	2. Principal Place of Business	2a	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
	Country	30	Country

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PINES PROPERTY MANAGEMENT, INC.
 17340 PINES BLVD.
 PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FREER, MICHAEL JAY	
STREET ADDRESS	18737 NW 13TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIVAS, GIL Gil	
STREET ADDRESS	1041 NW 190TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, ERIC	
STREET ADDRESS	18803 NW 12TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	KEDZERSKI, RAY	
STREET ADDRESS	1021 NW 188 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	700002675267-8	
1.4 CITY-ST-ZIP	-10/29/98-01005-020 *****61.25 *****61.25	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D VOLLOVICK, HOWARD	
3.3 STREET ADDRESS	19162 NW 12 CT	
3.4 CITY-ST-ZIP	PEMBROKE PINES FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D BLOCK, ALAN	
5.3 STREET ADDRESS	19183 NW 12 CT	
5.4 CITY-ST-ZIP	PEMBROKE PINES FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: *Michael Freer* Date: 9/30/98 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0018413

CR2E037 (5/98)