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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000000985

1. Corporation Name

KENSINGTON AT CHAPEL TRAIL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O PINES PROPERTY MANAGEMENT
 17340 PINES BLVD
 PEMBROKE PINES FL 33029
 US

Mailing Address

C/O PINES PROPERTY MANAGEMENT
 P.O. BOX 820100
 PEMBROKE PINES FL 33082-0100
 US



2. Principal Place of Business

21 3300 University Dr. #405

Suite, Apt. #, etc.

22 City & State

23 Coral Springs, FL

24 Zip

25 33065 25 USA

2a. Mailing Address

26 3300 University Dr.

Suite, Apt. #, etc.

27 City & State

28 Coral Springs, FL

29 Zip

29 33065 30 USA

3. Date Incorporated or Qualified

02/27/1995

4. FEI Number

65-0384808

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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 United Community Mgmt Corp.
 82 Street Address (P.O. Box Number is Not Acceptable) 3300 University Dr. #405
 83
 84 City Coral Springs FL 85 Zip Code 33065

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

(NOTE: Registered Agent signature required when reinstating)

3/12/99
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREER, MICHAEL JAY	1.2 NAME	
STREET ADDRESS	18737 NW 13TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVAS, GIL	2.2 NAME	
STREET ADDRESS	1041 NW 190TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLLOUICK, HOWARD	3.2 NAME	
STREET ADDRESS	19162 NW 12 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEDZERSKI, RAY	4.2 NAME	
STREET ADDRESS	1021 NW 188 AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, ALAN	5.2 NAME	
STREET ADDRESS	19183 NW 12 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF MUCK	6.2 NAME	
STREET ADDRESS	12010 NW 10 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES	6.4 CITY-ST-ZIP	

14. 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, as an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99
 Date Daytime Phone #

CR2E037 (1/98)