2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # N95000000985 04-20-2004 90021 028 ****61.25 1. Entity Name KENSINGTON AT CHAPEL TRAIL HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 24049073 2950 N. 28 TERR. 2950 N. 28 TERR. #405 #405 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112004 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 65-0384808 City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent UNITED COMMUNITY MGMT CORP. 2950 N. 28TH TERR. #405 HOLLYWOOD, FL 33020 Code antation 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. MICHELS. CHADRON, ESO. FOR BAKALAR, BROVEN & CHADRON, P.A. SIZMATURE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Vn TITLE ☐ Delete TITLE ☐ Addition President GARNER, ERIC NAME NAME sarner, ELTC STREET ADDRESS 1050 NW 187 AVE. STREET ADDRESS 050 NW 1879VE CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP 330*2*5 Addition TITLE TΠ ☐ Delete TITLE CASTELLANOS, WALTER NAME NAME STREET ADDRESS 1021 NW 187TH AVENUE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition ALLEN, JACK NAME NAME STREET ADDRESS 19100 NW 70TH STREET STREET ADDRESS CiTY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP Eric Rodrigues - D Delete ☐ Change Addition TITLE PD TITLE SMITH, ANDREW 18996 NW 10 st. Pembroke Pines, Fl NAME NAME STREET ADDRESS 1262 NW 192 AVE. STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ohn Thomson NAME NAME 18990 NW 10 Terr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines, Fl 330*25* TITLE Delete TITLE Robert Greene NAME NAME 1316 NW 192 Ave STREET ADDRESS STREET ADDRESS Pribroke Anes, FL CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #