


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000985

1. Entity Name
KENSINGTON AT CHAPEL TRAIL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2950 N. 28 TERR. #405 HOLLYWOOD, FL 33020 US	Mailing Address 2950 N. 28 TERR. #405 HOLLYWOOD, FL 33020 US
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01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0384808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROUGH, CHADROW & LEVINE, P.A.
 GLOBAL COMMERCE CENTER
 1900 N COMMERCE PKWY
 WESTON, FL 33326**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GARNER, ERIC 1050 NW 187 AVE. PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTELLANOS, WALTER 1021 NW 187TH AVENUE PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, JACK 19100 NW 70TH STREET PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMSON, JOHN 18990 NW 10 TERR PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GREENE, ROBERT 1316 NW 192 AVE. PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/

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 02/17/06-80016-009 61.25

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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: *John Thomson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____