

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001240

1. Entity Name

PARKWOOD AT KENSINGTON HOMEOWNERS ASSOCIATION, I

Principal Place of Business

2409 UNIVERISTY DRIVE
CORAL SPRINGS FL 33065

Mailing Address

2409 UNIVERISTY DRIVE
CORAL SPRINGS FL 33065-5123

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90217 024 ***150.00

S
C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2800 E. Commercial Blvd
Ste 208
City & State
FL Lauderdale
Zip
33308

3. Mailing Address

2800 E. Commercial Blvd
208
City & State
FL Lauderdale
Zip
33308

4. FEI Number

65-0859375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZ, ALLEN H
2800 E. COMMERCIAL BLVD., STE. 208
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SORRENTINO, ANDREW
STREET ADDRESS 5747 NW 109 LANE
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

TITLE DVT
NAME MANDELLO, FRANK
STREET ADDRESS 5687 NW 109 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

TITLE DVS
NAME FRIEDENBERG, BRETT
STREET ADDRESS 5671 NW 109 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/30/00

Daytime Phone #

CR2E037 (9/99)