

2001 UNIFORM BUSINESS REPORT (UBR)

2/4

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-05-2001 90091 044 ****61.25

DOCUMENT # N98000001240

1. Entity Name

PARKWOOD AT KENSINGTON HOMEOWNERS ASSOCIATION, I

Principal Place of Business

2800 E COMMERCIAL BLVD
 STE 208
 FORT LAUDERDALE FL 33308

Mailing Address

2800 E COMMERCIAL BLVD
 STE 208
 FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SORRENTINO, ANDREW 5747 NW 109 LANE CORAL SPRINGS FL 33076	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MANDELLO, FRANK 5687 NW 109 WAY CORAL SPRINGS FL 33076	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FRIEDENBERG, BRETT 5671 NW 109 WAY CORAL SPRINGS FL 33076	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ALAN FOX 5675 N.W. 109 WAY 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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/28/01

CR2E037 (10/00)