2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001240

SIGNATURE;

1. Entity Name
PARKWOOD AT KENSINGTON HOMEOWNERS
ASSOCIATION, INC.



FILED Apr 13, 2005 8:00 am Secretary of State

04-13-2005 90070 014 ****61.25

					(() () () () () ()						
Principal Place of Business 28(4) E COMMERCIAL BLVD STE 208 FOF, I LAUDERDALE, FL 33308		280 STE	ng Address 00 E COMMERCIAL E 208 RT LAUDERDALE, FL								
2. Frincipal Place of Business 3.			ailing Address								
Suite, Apt. #, etc.			uite, Apt. #, etc.		01262005 C	01262005 Chg-NP CR2E037 (10/03)					
City & State	e	City & State				4. FEI Number 65-085937	4. FEI Number Applied For 65-0859375 Not Applied be				
Zip Country			ip	Сог	intry	5. Certificate of Status Desired See Required					
i.	6. Name and Address of Current	Register	red Agent		I	7. Name and Add	ress of New R			<u> </u>	
			Name								
KATZ, ALLEN H			Street Address			ee (P.O. Boy Number is	(P.O. Box Number is Not Accentable)				
28(0 E. COMMERCIAL BLVD., STE. 208 FORT LAUDERDALE, FL 33308					Street Address (P.O. Box Number is Not Acceptable)						
. •	,,										
					City			FL	Zip Cod	е	
8. The above	named entity submits this statement fo	r the pur	pose of changing its	registere	ed office or regi	istered agent, or both, in	the State of Flo	rida. I am fa	ımiliar with,	and accept	
	tions of registered agent.					• • •			·	,	
SIGNATURE .				- Oi		quired when reinstating)		DATE			
4, 11.	Signature, typed or printed name of registered agent	eno noe ir ep	ppicable. (NOTE	:: Hegistere	d Agent signature red	quired when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	M Flor	ake check ida Departi	payable to ment of St	o tate	
10.	OFFICERS AND DIE	RECTORS	s	11.		ADDITIONS/CHANG	ES TO OFFICEI	RS AND DIR	ECTORS IN	110	
TITLE	Р , —.		☐ Delete	TITLE					☐ Change	Addition	
NAME	DIXON, MANDY			NAM	l l						
.STREE (ADDRESS CITY3T-ZIP	10932 N.W. 56TH COURT				ET ADDRESS -ST-ZIP						
	CORAL SPRINGS, FL 33076									— 1449	
TITLE NAME	HAUSLER, MARTIN		☐ Defete	TITLE NAM					Change	☐ Addition	
STREET ADDRESS	5670 N.W. 109TH WAY				ET ADDRESS						
CITY-SIT-ZIP	CORAL SPRINGS, FL 33076			CITY	-ST-ZIP						
TITLE	Т		Delete	TITLE		The second of the second of			☐ Change	Addition	
NAME	HASHAM, MURTAZA			NAM	E						
STREE : ADDRESS	10988 N.W. 56TH COURT				ET ADDRESS						
CITY;T-ZIP	CORAL SPRINGS, FL 33076			-	-ST-ZIP						
TITLE NAME	SCAPERROTTA, DIANE		☐ Delete	NAM					☐ Change	☐ Addition	
STREET ADDRESS	5750 N.W. 109TH WAY				ET ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS, FL 33076			CITY	-ST-ZIP						
TITLE	D		☐ Delete	TITLE	<u> </u>				☐ Change	☐ Addition	
NAME	CONTRERAS, MAURICE			NAM							
STREET ADDRESS	10918 N.W. 56 COURT				ET ADDRESS						
CITY- T-ZIP	CORAL SPRINGS, FL 33076				-ST-ZIP				☐ Ch	□ Addide-	
TITLE NÀME			☐ Delete	TITLE NAM	I	• •			☐ Change	Addition ·	
STREET ADDRESS					ET ADDRESS						
CKTY+ 3T-ZIP				CITY	-ST-ZIP						
12. hereby	certify that the information supplied with	this filing	g does not qualify 6	the exe	mption stated in	n Section 119.07(3)(i), Fl	orida Statutes.	I further certi	fy that the in	nformation	
ndicated f the cor	on this report or supplemental report is poration or the receiver or muster empired or on an attachment with an experses.	s true and owered to	accurate and that ro execute this report	ay signa as requi	ture shall have t red by Chapter	tne same legal effect as : 617, Florida Statutes; ar	if made under o nd that my nam	patn; tha) I ai e appears in	n an officer Block 10 o	or airector r Block 11 if	
changed,	, or on an attachment with an andress,	with all of	ther like empowered		. ,	j	2.51	\neg / \sim			
OUSSIE	une // //au	W	(///	ه		X	4/	110	\		

ED NAME OF SIGNING OFFICER OR DIRECTOR