

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130020

FILED
Apr 29, 2009
Secretary of State

Entity Name: KENCO COMMUNITIES AT PORT ST. LUCIE, INC.

Current Principal Place of Business:

1000 CLINT MOORE RD, STE 110
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1000 CLINT MOORE RD, STE 110
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-0431355 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHEPARD, JONATHAN L
5355 TOWN CENTER RD, STE 801
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

FINKELSTEIN, RICHARD
1000 CLINT MOORE RD
110
BOCA RATON, FL 33487 US

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: RICHARD FINKELSTEIN

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: FINKELSTEIN, RICHARD
Address: 1000 CLINT MOORE RD, STE 110
City-St-Zip: BOCA RATON, FL 33487

Title: VPTD () Delete
Name: ENDELSON, KENNETH M
Address: 1000 CLINT MOORE RD, STE 110
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: MATTHEWS-GRAY, JUDY
Address: 1000 CLINT MOORE RD, STE 110
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY MATTHEWS GRAY

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date