

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90067 043 ***158.75

DOCUMENT # P98000076244

1. Entity Name

KENCO COMMUNITIES AT GRAND PALM, INC.

Principal Place of Business

Mailing Address

1000 CLINT MOORE ROAD #110
 BOCA RATON FL 33487

1000 CLINT MOORE ROAD #110
 BOCA RATON FL 33487-2847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0877832

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

SHEPARD, JONATHAN L
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PSD FINKELSTEIN, RICHARD**
 STREET ADDRESS **1000 CLINT MOORE RD., STE 110**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
 NAME **D JUDY MATTHEWS GRAY**
 STREET ADDRESS **1000 CLINT MOORE RD., STE 110**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Delete
 NAME **VTD ENDELSON, KENNETH M**
 STREET ADDRESS **1000 CLINT MOORE RD., STE 110**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Judy Matthews Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

561.997.5760

Daytime Phone #

CR2E034 (9/99)