FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769475** **(5)**

1. Corporation Name

KENSINGTON WALK MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5295 TOWN CENTER ROAD, STE 200 BOCA RATON FL 33486	5295 TOWN CENTER ROAD, STE 200 BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1983
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2371470 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K.
5295 TOWN CENTER RD.
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	NORMAN, PHIL	12 NAME	ANTHONY MORRGO	
STREET ADDRESS	21943 REMSEN TERRACE #101	13 STREET ADDRESS	6585 SOMERSET DR, #204	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	TD	21 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PETRETTI, ANITA	22 NAME	JOAN CASTELLI	
STREET ADDRESS	6550 SOMERSET DR #208	23 STREET ADDRESS	6649 SOMERSET DR. #201	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	PD	31 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	COHEN, ANDREW	32 NAME	RUTH RAPPAPORT	
STREET ADDRESS	6660 SOMERSET DR.#201	33 STREET ADDRESS	6585 SOMERSET DR #208	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	41 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	LOPARCO, JOHN	42 NAME	CLIFF WOODWARD	
STREET ADDRESS	21951 SOUNDVIEW TERR 201	43 STREET ADDRESS	21951 SOUNDVIEW TERRACE #108	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MOORE, ROY	52 NAME		
STREET ADDRESS	21951 SOUNDVIEW #209	53 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP		
~~TITLE~~	~~VD~~	61 TITLE		☐ Change ☐ Addition
~~NAME~~	~~JOHNSON, KATHLEEN~~	62 NAME		
~~STREET ADDRESS~~	~~6585 SOMERSET DR., #201~~	63 STREET ADDRESS		
~~CITY-ST-ZIP~~	~~BOCA RATON FL~~	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Rappaport, Director 6/12
SIGNATURE AND TYPED OR PRINTED NAME OF ASSOCIATE OFFICER OR DIRECTOR — Date — Daytime Phone #

0013418