

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000985 (0)

1. Corporation Name

KENSINGTON AT CHAPEL TRAIL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 820911
SOUTH FLORIDA FL 33082

P O BOX 820911
SOUTH FLORIDA FL 33082

3. Date Incorporated or Qualified
02/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 PINES PROPERTY MGT

26 PINES PROPERTY MGT

4. FEI Number
65 05 601 99

Applied For
Not Applicable

Suite, Apt. #, etc.

22 17340 PINES BLVD

Suite, Apt. #, etc.

27 POB 820100

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 PEMBROKE PINES FL

City & State

28 SO. FLORIDA FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33029

Country

25 USA

Zip

29 33082-0100

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAYE & ROGER PA
1500 W CYPRESS CREEK ROAD SUITE 207
FT LAUDERDALE FL 33309

81 Name

THOMAS R EVANS JR

82 Street Address (P.O. Box Number is Not Acceptable)

40 PINES PROPERTY MGT

83

17340 PINES BLVD

84 City

PEMBROKE PINES

FL

85 Zip Code

33029

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

THOMAS R EVANS JR

1-31-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME STEUBER, DANIEL
STREET ADDRESS 19143 NW 12 CT
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE TD ☒ DELETE
NAME ROSINSKY, LISA
STREET ADDRESS 18821 NW 13 COURT
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE SD ☒ DELETE
NAME REICK, IVAN
STREET ADDRESS 19167 NW 13 COURT
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☒ DELETE
NAME LUBIN, SETH
STREET ADDRESS P O BOX 414162
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☒ DELETE
NAME TUCKER, ED
STREET ADDRESS 1061 NW 192 AVE
CITY-ST-ZIP MIAMI FL 33029

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition
1.2 NAME LUBIN, SETH
1.3 STREET ADDRESS PO BOX 414162
1.4 CITY-ST-ZIP MIAMI BEACH FL 33141

2.1 TITLE VPD ☐ Change ☒ Addition
2.2 NAME FREED, JULIE
2.3 STREET ADDRESS 18737 NW 13 CT
2.4 CITY-ST-ZIP PEMBROKE PINES FL 33029

3.1 TITLE VPD ☐ Change ☒ Addition
3.2 NAME VOLLOVICK, HOWARD
3.3 STREET ADDRESS 19162 NW 12 CT
3.4 CITY-ST-ZIP PEMBROKE PINES FL 33029

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME BALLMAN, DIANE
4.3 STREET ADDRESS 19141 NW 12 ST
4.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

5.1 TITLE TD ☐ Change ☒ Addition
5.2 NAME KEDZERSKI, RAY
5.3 STREET ADDRESS 1021 NW 188 AVE
5.4 CITY-ST-ZIP PEMBROKE PINES FL 33029

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

RAYMOND T. KEDZERSKI

3/22/96

(954) 434-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)