## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## 1996 DOCUMENT #

N01114

(0)

| KENSINGTON WALK CONDOMINIUM TWO ASSOCIATION, INC  Principal Place of Business  Mailing Address  5295 TOWN CENTER ROAD BOCA RATON FL 33486  BOCA RATON FL 33486 |  |  |                      |                |  |   |  |
|--|--|--|----------------------|----------------|--|---|--|
|  |  |  |                      |                | 3. Date Incorporated or Qualified  | 3a. Date of Last Report   |  |
| 2. Principal Pl  | ace of Business  | 2a. Mailing Address  |                      |                | 01/26/1984   | 05/01/1995  |  |
| 21 26  |  |  |                      |                | 4. FEI Number  | Applied Fo  |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |                      |                | 59-2513169   | Not Applic  |  |
| 2  |  | 27   |                      |                | <ol><li>Certificate of Status Desired</li></ol>  | \$8.75 Addition Fee Required  |  |
| City & State   | 9  | City & State   |                      |                | 6. Election Campaign Financing   | □ \$5.00 May Be   |  |
| 3  |  | 28   |                      |                | Trust Fund Contribution  | Added to Fees   |  |
| Zip<br>→   | Country  | Zip  | Cour                 | ntry           | 8. This corporation has liability for  |   |  |
| :4[  | 25 9. Name and Address of Curre  | 29   | 30                   |                | Florida Statutes   | ☐ Yes ☐ No  |  |
|  | 9. Name and Address of Curre   | nt Hegistered Agent  |                      | B1 Name        | 10. Name and Address of New R  | egistered Agent   |  |
| 100400   | Oht 14811114   |  | ľ                    | 1,000,000      |  |   |  |
| ISSACSON, WILLIAM K.   |  |  | Ī                    | B2 Street      | Address (P.O. Box Number is Not Acceptab   | ie)   |  |
|  | 5295 TOWN CENTER ROAD<br>BOCA RATON FL 33488                                       |  |                      | B3             |  |   |  |
| DUCA H   | MION FL 33486  |  | [                    |                |  |   |  |
|  |  |  | [7                   | <b>84</b> City |  | FL 85 Zip Code  |  |
| 11. Pursuant t   | to the provisions of Sections 617.050  | 2 and 617.1508. Florida Statu                                      | tes, the abov        | e-named c      | orporation submits this statement for the pur  |   |  |
|  | ed agent, or both, in the State of Flori<br>th, and accept the obligations of, Sec |  |                      | orporation's   | orporation submits this statement for the pure<br>a board of directors, I hereby accept the appo       | pose of changing its registered to<br>pintment as registered agent. I a |  |
| SIGNATURE  | and accept the designations of, occ  | non o 17.0000, Fronda Statute                                      | 5.                   |                |  |   |  |
|  | Signature, typed or printed name of registered agen                                | Land tile if applicable (N   | OTE: Registered A    | gent signature | required whon reinstating)   | DATE  |  |
| 12.  | OFFICERS AN  | D DIRECTORS  | 13.                  |                | ADDITIONS/CHANGES TO GEE   | ICERS AND DIRECTORS IN 12   |  |
| TITLE  | PD   | DELETE   | 1.1 TITL             | .E             | Both Rober Flow  | Change Additi   |  |
| VAME   | LOPARCO, JOHN  |  | 1.2 NAM              | ΛE             | 100 195-18 June 100  | lu far  |  |
| STREET ADDRESS   | 21951 SOUNDVIEW #201   |  | 1.3 \$TR             | EET ADDRESS    | Both a der Flue  | ~~133433  |  |
| CITY-ST-ZIP  | BOCA RATON FL 33433  |  | 1.4 C(T)             | r-ST-ZIP       |  |   |  |
| TITLE  | TD   | DELETE   | 2.1 TITE             | E              |  | Change Additi   |  |
| VAME   | WOODWARD, CLIFF  |  | 2.2 NAN              | 4E             |  |   |  |
| STREET ADDRESS   | 21951 SOUNDVIEW #108   |  | 2.3 STR              | EET ADDRESS    |  |   |  |
| CITY-ST-ZIP  | BOCA RATON FL  |  |                      | Y-ST-ZIP       |  |   |  |
| TITLE  | VDS  | □ DEL.ETE  | 3 1 TITL             |                | Gui Ney PATEROLO 219 50 Sandureu Prode RATOR TI  | Change 🔲 Additi   |  |
| NAME   | MOORE, ROY   |  | 3 2 NAN              |                | JUST STUNAUSEU   | )   |  |
| STREET ADDRESS   | 21951-30UNDVIEW #209   |  |                      | eet address    | Bong Propo 31  | <i>33/3</i> 3   |  |
| TITLE  | BOCA RATON FL 99433  | DELETE   |                      | Y-ST-ZIP       | Keetty Hon 1   |   |  |
| IAME   |  | ["]Dece is   | 4.1 THTL             |                |  | Change Additi   |  |
| STREET ADDRESS   |  |  | 4. 2 NA              |                |  |   |  |
| CITY-ST-ZIP  |  |  |                      | EET ADORESS    |  |   |  |
| TILE   |  | DELETE   | 4.4 CITY<br>5 1 TITU | '-ST-ZIP       |  |   |  |
| IAME   |  | Поссель  | 5 7 1110<br>5 2 NAM  |                |  | Change Additi   |  |
| TREET ADDRESS  |  |  |                      | EET ADDRESS    |  |   |  |
| CITY-ST-ZIP  |  |  |                      |                |  |   |  |
| ITLE   |  | DELETE   | 6.1 TITU             | -ST-ZIP<br>F   |  | ☐ Change ☐ Additi   |  |
| IAME   |  | Between  | 6.2 NAM              |                |  | □ ondrige □ Muditi  |  |
| TREET ADDRESS  |  |  |                      | ET ADDRESS     |  |   |  |
| ITY-ST-ZIP   |  |  | 6.4 CITY             |                |  |   |  |
| 14. I do hereby  | certify that the information supplied the information indicated on this annu       | with this filing is voluntarily furnual report or supplemental ann | sichod and de        | on not our     | L<br>alify for the exemption stated in Section 119.0<br>courate and that my signature shall have the s | )7(3)(k), Florida Statutes. I further                                   |  |

oath; that I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

**SIGNATURE:**