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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33486-1088

3. Date Incorporated or Qualified: 07/20/1983
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 7540 U.S. Hwy. One
22 Suite, Apt. #, etc. 104
23 City & State Lantana FL
24 Zip 33462
25 Country USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

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

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

81 Name Eric Estebanez
82 Street Address (P.O. Box Number is Not Acceptable) 7540 US Hwy One Ste. 104
83
84 City Lantana FL 85 Zip Code 33462

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] Eric Estebanez 4/7/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE VPD		☒ Change ☐ Addition
NAME	RUTH RAPAPORT KW 111		1.2 NAME		
STREET ADDRESS	6585 SOMERSET DR. 202		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	2.1 TITLE SD	SAMANTHA McManus	☐ Change ☒ Addition
NAME	ANITA PETRETTI KW111		2.2 NAME		
STREET ADDRESS	6550 SOMERSET DR #208		2.3 STREET ADDRESS	21943 Remsen Terr. #C-106	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton Fl. 33433	
TITLE	PD	☐ DELETE	3.1 TITLE	ANDREW M COHEN	☐ Change ☐ Addition
NAME	COHEN, ANDREW		3.2 NAME		
STREET ADDRESS	6660 SOMERSET DR.#201		3.3 STREET ADDRESS	6660 SOMERSET DR 8201	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON FL. 33433	
TITLE	D	☒ DELETE	4.1 TITLE TD	NANCY Freeman	☐ Change ☒ Addition
NAME	LOPARCO, JOHN		4.2 NAME		
STREET ADDRESS	21951 SOUNDVIEW TERR 201		4.3 STREET ADDRESS	21950 Soundview Terr # H-202	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	Boca Raton Fl. 33433	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	QUINEY PATRICK		5.2 NAME		
STREET ADDRESS	21950 SOUNDVIEW 201		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORREO, ANTHONY		6.2 NAME		
STREET ADDRESS	6585 SOMERSET DR., #204		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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.

Andrew Cohen [signature] 6/28/97