

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
 03-06-2001 90007 040 ****61.25

DOCUMENT # 769475

1. Entity Name

KENSINGTON WALK MASTER ASSOCIATION, INC.

Principal Place of Business

C/O RONALD E. D'ANNA, ESQ.
 2300 GLADES RD., STE. 400 EAST TOWER
 BOCA RATON FL 33462
 US

Mailing Address

C/O RONALD E. D'ANNA, ESQ.
 2300 GLADES RD., STE. 400 EAST TOWER
 BOCA RATON FL 33462
 US



2. Principal Place of Business

60 Prime Management

3. Mailing Address

60 Prime Management

Suite, Apt. #, etc.

6300 Park of Commerce Blvd

Suite, Apt. #, etc.

6300 Park of Commerce Blvd

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

59-2371470

Applied For

Not Applicable

Zip

Country

33487

Zip

Country

33487

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

D'ANNA, RONALD E. ESQ.
 MATTIN & MCLOSKEY
 2300 GLADES RD., STE 400 EAST TOWER
 BOCA RATON FL 33431

Name

MYRON SWATT

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

6300 PARK OF COMMERCE BLVD

City

BOCA RATON

FL

Zip Code

33487

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

2/23/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	RAPAPORT, MEIER	
STREET ADDRESS	6585 SOMERSET DR. 202	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COHEN, ANDREW	
STREET ADDRESS	6660 SOMERSET DR. #201	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DELASANTOS, NORA	
STREET ADDRESS	21954 TIDEWATER TERR #105	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PICCIOHI, SANDY	
STREET ADDRESS	21973 REMSEN TERR, #205	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAP, TROY	
STREET ADDRESS	21951 SOUNDVIEW TERR #107	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PETTRETTE, ADELSONE	
STREET ADDRESS	6550 SOMERSET DR #208	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MEENATURA RAPAPORT PRE'S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)