

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000985

1. Entity Name

KENSINGTON AT CHAPEL TRAIL HOMEOWNERS' ASSOCIATI

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90018 028 ****61.25

Principal Place of Business

3300 UNIVERSITY DR
#405
CORAL SPRINGS FL 33065
US

Mailing Address

3300 UNIVERSITY DR
#405
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0384808

Applied For

Not Applicable

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

UNITED COMMUNITY MGMT CORP.
3300 UNIVERSITY DR
#405
CORAL SPRINGS FL 33065

Name

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

City

FL

Zip Code

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

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 PD
NAME VOLLOUICK, HOWARD
STREET ADDRESS 19162 NW 12 CT
CITY-ST-ZIP PEMBROKE PINES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BLOCK, ALAN
STREET ADDRESS 19183 NW 12 CT
CITY-ST-ZIP PEMBROKE PINES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME MUCK, JEFF
STREET ADDRESS 19010 NW 10 ST
CITY-ST-ZIP PEMBROKE PINES FL

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President 4-13-01 954-752-8119

Date

Daytime Phone #

CR2E037 (10/00)