

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000985

1. Entity Name

KENSINGTON AT CHAPEL TRAIL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3300 UNIVERSITY DR
#405
CORAL SPRINGS FL 33065
US

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 ☐ Delete
STREET ADDRESS 19162 NW 12 CT
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME V.D. Pena, Raymond
STREET ADDRESS 1015 NW 187 Ave
CITY-ST-ZIP Pembroke Pines, FL 33029

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME CASTELLANOS, WALTER
STREET ADDRESS 1021 NW 187TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALLEN, JACK
STREET ADDRESS 19100 NW 70TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 reports 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 *Howard Vollouick* President 3/16/02 954-752-8119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE