2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769475

FILED Mar 21, 2005 Secretary of State

Entity Name: KENSINGTON WALK MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6600 SOMERSET DR BOCA RATON, FL 33487 US **Current Mailing Address: New Mailing Address:** PO BOX 811180 C/O FEDERAL HOME & PROPERTY MANAGEMENT BOCA RATON, FL 334811180 PO BOX 811180 BOCA RATON, FL 334811180 FEI Number: 59-2371470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RANDELL K ROGER AND ASSOCIATES 621 NW 53 ST STE300 BOCA RATON, FL 33487 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WALSH, MAUREEN Name: Name: 6585 SOMERSET DR., #I205 Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: () Change () Addition DEFILDIS, PAUL Name: Name: Address: 21954 TIDEWATER TERR., #F207 Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: (X) Change () Addition CASTELLI, JOANN SHEPARD, KELLY Name: Name: 6649 SOMERSET D.R, #A201 21943 REMSEN TERRACE #C102 Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433 Title: SD () Delete Title: SD (X) Change () Addition FERGUSON, CHRISTINE Name: WALSH, MAUREEN Name: 21943 REMSEN TERRACE #C203 Address: 6585 SOMERSET DR #101 Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433 Title: () Delete Title: (X) Change () Addition PETTRETTI, ADELSONE BONO-MARANO, PATRICIA Name: Name: 6550 SOMERSET DR #208 21938 REMSEN TERRACE #D202 Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433 Title: () Delete Title: () Change (X) Addition ALVES, IGOR Name: Name: Address: Address: 21951 SOUNDVIEW TERRACE #G101 BOCA RATON, FL 33433 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE FERGUSON SD 03/21/2005