2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000985

1. Entity Name
KENSINGTON AT CHAPEL TRAIL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2950 N. 28 TERR. #405 HOLLYWOOD, FL 33020 US	2950 N. 28 TERR. #405 HOLLYWOOD, FL 33020 US

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01162006 No Chg-NP CR2E037 (11/05)

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

BROUGH, CHADROW & LEVINE, P.A.
GLOBAL COMMERCE CENTER
1900 N COMMERCE PKWY
WESTON, FL 33326

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS:

TITLE	PD
NAME	GARNER, ERIC
STREET ADDRESS	1050 NW 187 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	TD
NAME	CASTELLANOS, WALTER
STREET ADDRESS	1021 NW 187TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	SD
NAME	ALLEN, JACK
STREET ADDRESS	19100 NW 70TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	VPD
NAME	THOMSON, JOHN
STREET ADDRESS	18990 NW 10 TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	D
NAME	GREENE, ROBERT
STREET ADDRESS	1316 NW 192 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/06-80016-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #