2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 769475

1. Entity Name
KENSINGTON WALK MASTER ASSOCIATION, INC.

Principal Place of Business
6600 SOMERSET DR
BOCA RATON, FL 33487 US

Mailing Address
C/O FEDERAL HOME & PROPERTY MANAGEMENT
PO BOX 811180
BOCA RATON, FL 33481-1180

01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2371470

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RANDELL K ROGER AND ASSOCIATES
621 NW 53 ST
STE300
BOCA RATON, FL 33487

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

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	WALSH, MAUREEN
STREET ADDRESS	6585 SOMERSET DR., #I205
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VPD
NAME	DEFILDIS, PAUL
STREET ADDRESS	21954 TIDEWATER TERR., #F207
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SD
NAME	SHEPARD, KELLY
STREET ADDRESS	21943 REMSEN TERRACE #C102
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SD
NAME	FERGUSON, CHRISTINE
STREET ADDRESS	21943 REMSEN TERRACE #C203
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	TD
NAME	BONO-MARANO, PATRICIA
STREET ADDRESS	21938 REMSEN TERRACE #D202
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SD
NAME	ALVES, IGOR
STREET ADDRESS	21951 SOUNDVIEW TERRACE #G101
CITY-ST-ZIP	BOCA RATON, FL 33433

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02/21/06-80013-002 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: Maureen Walsh - MAUREEN WALSH 1/30/06 561-750-3492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #