

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005184

FILED
Mar 18, 2014
Secretary of State
CC8793032113

Entity Name: CLASSICS AT KENSINGTON I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201
FT. LAUDERDALE, FL 33309

Current Mailing Address:

C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201
FT. LAUDERDALE, FL 33309 US

FEI Number: 65-0441077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 S PINE ISLAND RD STE 540
PLANTATION, FL 33324 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

Officer/Director Detail :

Title P
Name JEDRZEJ, ERIC
Address C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title S
Name ALLEN, ANTHONY
Address C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title D
Name OSCAR, SANDI
Address C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name ARCHILLA, DAVID
Address C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title VP
Name RANDLEY, LOIS
Address C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title T
Name AMOIS, JACK
Address C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title D
Name CRUIZ, JESUS N
Address C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name MAYATT, KRISH
Address C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

I hereby 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 the hand and seal of the officer, director, or receiver or trustee empowered to execute this report as required by Section 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIC J. DRZEJ

PRESIDENT

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date