## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005184

Entity Name: CLASSICS AT KENSINGTON I HOMEOWNERS ASSOCIATION,

INC.

FILED Feb 17, 2020 Secretary of State 5418878345CC

## **Current Principal Place of Business:**

C/O UNITED COMMUNITY MANAGEMENT CORP.

11784 WEST SAMPLE RD. SUITE 103

CORAL SPRINGS, FL 33065

## **Current Mailing Address:**

C/O UNITED COMMUNITY MANAGEMENT CORP. 11784 WEST SAMPLE RD. SUITE 103 CORAL SPRINGS, FL 33065 US

FEI Number: 65-0441077 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BAKALAR AND ASSOCIATES, P.A. 12472 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071 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: MICHAEL HOFFMAN 02/17/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name RANDLEY, LOIS Name ALLEN, ANTHONY

Address C/O UNITED COMMUNITY Address C/O UNITED COMMUNITY

MANAGEMENT CORP.

11784 WEST SAMPLE RD. SUITE 103

MANAGEMENT CORP.

11784 WEST SAMPLE RD. SUITE 103

CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title D Title PRESIDENT

Name CRUZ, JESUS Name ENGLISH, BRYAN

Address C/O UNITED COMMUNITY Address C/O UNITED COMMUNITY MANAGEMENT CORP. Address C/O UNITED COMMUNITY MANAGEMENT CORP.

11784 WEST SAMPLE RD. SUITE 103 11784 WEST SAMPLE RD. SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title VP Title TREASURER

Name BRUNO, JOHN Name HAROON, SUMAIR

Address C/O UNITED COMMUNITY Address C/O UNITED COMMUNITY

MANAGEMENT CORP. MANAGEMENT CORP.

11784 WEST SAMPLE RD. SUITE 103 11784 WEST SAMPLE RD. SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY
Name ARCHILLA, DAVID

Address C/O UNITED COMMUNITY

MANAGEMENT CORP.

11784 WEST SAMPLE RD. SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065

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 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 all other like empowered.

SIGNATURE: ENGLISH, BRYAN PRESIDENT 02/17/2020