

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005184

FILED
Mar 09, 2021
Secretary of State
4969068628CC

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

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

03/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RANDLEY, LOIS
Address C/O UNITED COMMUNITY
 MANAGEMENT CORP.
 11784 WEST SAMPLE RD. SUITE 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name ALLEN, ANTHONY
Address C/O UNITED COMMUNITY
 MANAGEMENT CORP.
 11784 WEST SAMPLE RD. SUITE 103
City-State-Zip: CORAL SPRINGS FL 33065

Title D
Name CRUZ, JESUS
Address C/O UNITED COMMUNITY
 MANAGEMENT CORP.
 11784 WEST SAMPLE RD. SUITE 103
City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER
Name ENGLISH, BRYAN
Address C/O UNITED COMMUNITY
 MANAGEMENT CORP.
 11784 WEST SAMPLE RD. SUITE 103
City-State-Zip: CORAL SPRINGS FL 33065

Title VP
Name BRUNO, JOHN
Address C/O UNITED COMMUNITY
 MANAGEMENT CORP.
 11784 WEST SAMPLE RD. SUITE 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name HAROON, SUMAIR
Address C/O UNITED COMMUNITY
 MANAGEMENT CORP.
 11784 WEST SAMPLE RD. SUITE 103
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

TREASURER

03/09/2021

