

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734416

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: KENILWORTH ASSOCIATION, INC.

**Current Principal Place of Business:**

10205 COLLINS AVE  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

10205 COLLINS AVE  
BAL HARBOUR, FL 33154

**New Mailing Address:**

FEI Number: 59-1634108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF  
ALHAMBRA TOWERS  
121 ALHAMBRA PLAZA #1000  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PACKER, SUSSAN  
Address: 10205 COLLINS AVE #1607  
City-St-Zip: BAL HARBOUR, FL 33154

Title: D ( ) Delete  
Name: PEDINIELLI, EMME  
Address: 10205 COLLINS AVE #909  
City-St-Zip: BAL HARBOUR, FL 33154

Title: T ( ) Delete  
Name: ILVENTO, CHARLES  
Address: 10205 COLLINS AVE #1206  
City-St-Zip: BAL HARBOUR, FL 33154

Title: VP ( ) Delete  
Name: LEVINSON, JAY  
Address: 10205 COLLINS AVE #508  
City-St-Zip: BAL HARBOUR, FL 33154

Title: S ( ) Delete  
Name: SEMBELLO, RICHARD  
Address: 10205 COLLINS AVE #805  
City-St-Zip: BAL HARBOUR, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN PACKER

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date