

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759903

1. Entity Name

KEN-LEE GARDENS CONDOMINIUM, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90025 018 ****61.25

Principal Place of Business	Mailing Address
% ASSOCIATED PROPERTY MANAGEMENT 400 S. DIXIE HIGHWAY #10 LAKE WORTH FL 33460	% ASSOCIATED PROPERTY MANAGEMENT 400 S. DIXIE HIGHWAY #10 LAKE WORTH FL 33460-4455

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2125114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HIGHWAY
SUITE 10
LAKE WORTH FL 33460

Name --

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	HERSHOW, GEORGE	
STREET ADDRESS	1432 S. LAKESIDE DRIVE #7	
CITY-ST-ZIP	LAKE WORTH FL 33460	

TITLE	VD	☐ Change ☐ Addition
NAME	Towle Patricia	
STREET ADDRESS	514 SW. Atlantic Ave	
CITY-ST-ZIP	Hypoluxo Island FL 33462	

TITLE	VPD	☐ Delete
NAME	SELTZ, WILLIAM E	
STREET ADDRESS	220 BOYLSTON STREET #1616	
CITY-ST-ZIP	BOSTON MA 02116	

TITLE	SD	☐ Change ☐ Addition
NAME	Stageberg, Dawn	
STREET ADDRESS	1426 S. Lakeside Drive #34	
CITY-ST-ZIP	LAKE WORTH FL 33460	

TITLE	STD	☐ Delete
NAME	WELLS, BRIAN	
STREET ADDRESS	P.O. BOX 9495	
CITY-ST-ZIP	LANTANA FL 33462	

TITLE	TD	☐ Change ☐ Addition
NAME	Salisbury, Chris	
STREET ADDRESS	1426 S. Lakeside Drive #35	
CITY-ST-ZIP	LAKE WORTH FL 33460	

TITLE	D	☐ Delete
NAME	HIGGETT, MARION	
STREET ADDRESS	1430 S. LAKESIDE DRIVE, #14	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	D	☐ Change ☐ Addition
NAME	Seltz, William E.	
STREET ADDRESS	220 Boylston Street #1616	
CITY-ST-ZIP	Boston, MASS. 02116	

TITLE	D	☐ Delete
NAME	CARRANCHO, JOANNA	
STREET ADDRESS	1426 S LAKESIDE DR #24	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *DAWN STAGEBERG*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #