

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90069 044 \*\*\*\*61.25

0053925

**DOCUMENT # 759903**

1. Entity Name

**KENLEE GARDENS CONDOMINIUM, INC.**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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          | VB                         | <input checked="" type="checkbox"/> Delete |
| NAME           | TOWLE, PATRICIA            |                                            |
| STREET ADDRESS | 514 SW ATLANTIC AVE        |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33462        |                                            |
| TITLE          | SD                         | <input type="checkbox"/> Delete            |
| NAME           | STAGEBUERG, DAWN           |                                            |
| STREET ADDRESS | 1426 S. LAKESIDE DRIVE #34 |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33460        |                                            |
| TITLE          | PD                         | <input type="checkbox"/> Delete            |
| NAME           | SALSBURY, CHRIS            |                                            |
| STREET ADDRESS | 1426 S. LAKESIDE DRIVE #35 |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33460        |                                            |
| TITLE          | TD                         | <input type="checkbox"/> Delete            |
| NAME           | SELTZ, WILLIAM E           |                                            |
| STREET ADDRESS | 220 BOYLSTON ATREET #1616  |                                            |
| CITY-ST-ZIP    | BOSTON MA 02116            |                                            |
| TITLE          | TD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | CARRANCHO, JOANNA          |                                            |
| STREET ADDRESS | 1426 S LAKESIDE DR #24     |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL              |                                            |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |                                            |
| STREET ADDRESS |                            |                                            |
| CITY-ST-ZIP    |                            |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WATSON, CHRISTINE       |                                                                              |
| STREET ADDRESS | 1430 S. LAKESIDE DR #17 |                                                                              |
| CITY-ST-ZIP    | LAKE WORTH FL 33460     |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LARUELLE, MICHAEL       |                                                                              |
| STREET ADDRESS | 212 5th AVE N.          |                                                                              |
| CITY-ST-ZIP    | LAKE WORTH FL 33460     |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Chris Salisbury, president 3/26/01*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)