

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90032 030 \*\*\*\*61.25

**DOCUMENT # 759903**

1. Entity Name

KEN-LEE GARDENS CONDOMINIUM, INC.



Principal Place of Business

% ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD.  
LAKE WORTH FL 33461

Mailing Address

% ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD.  
LAKE WORTH FL 33461

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

ASSOCIATED PROPERTY MANAGEMENT  
ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD.  
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                               |                                            |
|----------------|-------------------------------|--------------------------------------------|
| TITLE          | PD                            | <input type="checkbox"/> Delete            |
| NAME           | SELTZ, WILLIAM                |                                            |
| STREET ADDRESS | MIKE LARUELLE 212 5TH AVE. N. |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33460           |                                            |
| TITLE          | VSD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | SALISBURY, CHRIS              |                                            |
| STREET ADDRESS | 1426 S. LAKESIDE DRIVE #35    |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33460           |                                            |
| TITLE          | D                             | <input checked="" 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           | LARUELLE, MICHAEL             |                                            |
| STREET ADDRESS | 212 5TH AVENUE NORTH          |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33460           |                                            |
| TITLE          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | WATSON, CHRISTINE             |                                            |
| STREET ADDRESS | 1430 S LAKESIDE DR # 17       |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33460           |                                            |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |                                            |
| STREET ADDRESS |                               |                                            |
| CITY-ST-ZIP    |                               |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                  |                                                                              |
|----------------|----------------------------------|------------------------------------------------------------------------------|
| TITLE          | VD                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DURKE, MICHAEL (MGAB PROP)       |                                                                              |
| STREET ADDRESS | RICHLAND PLANTATION              |                                                                              |
| CITY-ST-ZIP    | PO BOX 2026<br>NATCHEZ, MS 39121 |                                                                              |
| TITLE          | SD                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | POND, BARBARA A.                 |                                                                              |
| STREET ADDRESS | 1432 SO. LAKESIDE DR. #8         |                                                                              |
| CITY-ST-ZIP    | LAKE WORTH, FL 33460             |                                                                              |
| TITLE          | TD                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SALISBURY, CHRISTOPHER C.        |                                                                              |
| STREET ADDRESS | 1426 SO. LAKESIDE DR. #35        |                                                                              |
| CITY-ST-ZIP    | LAKE WORTH, FL 33460             |                                                                              |
| TITLE          | D                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | STULL, JOHN                      |                                                                              |
| STREET ADDRESS | 1430 SO. LAKESIDE DR. #13        |                                                                              |
| CITY-ST-ZIP    | LAKE WORTH, FL 33460             |                                                                              |
| 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Chris Salisbury, Treasurer 3/26/04 81-547-4058*