

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759903

FILED
Mar 17, 2009
Secretary of State

Entity Name: KEN-LEE GARDENS CONDOMINIUM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2125114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATED PROPERTY MANAGEMENT
ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461 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: PD () Delete
Name: ALLEN, LYNN
Address: 28 SOMMERFIELD DR
City-St-Zip: WYOMING, PA 18644

Title: VD () Delete
Name: SMITH, VINCENT K
Address: 6803 GREYSWOOD RD
City-St-Zip: BETHESDA, MD 20817

Title: SD () Delete
Name: SELTZ, WILLIAM
Address: MIKE LARLIE 1531 NO. K ST
City-St-Zip: LAKE WORTH, FL 33460

Title: TD () Delete
Name: FELDMAN, JULIE
Address: 1430 SO. LAKESIDE DR #20
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: ALPERIN, ANNELI
Address: 36 TOMPKINS CIR
City-St-Zip: STATEN ISLAND, NY 10301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLEN, LYNN P
Address: 28 SOMMERFIELD DR
City-St-Zip: WYOMING, PA 18644

Title: V (X) Change () Addition
Name: SELTZ, WILLIAM V
Address: 220 BOYLSTON ST. #1616
City-St-Zip: BOSTON, MA 02116

Title: S (X) Change () Addition
Name: WU, JEANNIE S
Address: 1432 SO. LAKESIDE DR. #12
City-St-Zip: LAKE WORTH, FL 33460

Title: T (X) Change () Addition
Name: VINCENT-SMITH, CATHY T
Address: 6803 GREYSWOOD RD.
City-St-Zip: BETHESDA, MD 20817

Title: D (X) Change () Addition
Name: ALPERIN, ANNELI D
Address: 36 TOMPKINS CIR
City-St-Zip: STATEN ISLAND, NY 10301

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: JOHN MATH, APM

AGT

03/17/2009

Electronic Signature of Signing Officer or Director

Date