

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769475 (5)

1. Corporation Name

KENSINGTON WALK MASTER ASSOCIATION, INC.

Principal Place of Business

5295 TOWN CENTER ROAD, STE 200
BOCA RATON FL 33486

Mailing Address

5295 TOWN CENTER ROAD, STE 200
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1983

3a. Date of Last Report

03/04/1994

4. FEI Number

59-2371470

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K.
5295 TOWN CENTER RD.
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	NORMAN, PHIL
STREET ADDRESS	21943 REMSEN TERRACE #101
CITY - ST - ZIP	BOCA RATON FL
TITLE	TD
NAME	PETRETTI, ANITA
STREET ADDRESS	6550 SOMERSET DR #208
CITY - ST - ZIP	BOCA RATON FL
TITLE	PD
NAME	COHEN, ANDREW
STREET ADDRESS	6660 SOMERSET DR.#201
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	LOPARCO, JOHN
STREET ADDRESS	21951 SOUNDVIEW TERR 201
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	MOORE, ROY
STREET ADDRESS	21951 SOUNDVIEW #209
CITY - ST - ZIP	BOCA RATON FL
TITLE	SD
NAME	JOHNSON, KATHLEEN
STREET ADDRESS	6585 SOMERSET DR., #201
CITY - ST - ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR	☐ Change ☒ Addition
12 NAME	ANTHONY MORRGO	
13 STREET ADDRESS	6585 SOMERSET DR, #204	
14 CITY - ST - ZIP	BOCA RATON, FL 33433	
21 TITLE	DIRECTOR	☐ Change ☒ Addition
22 NAME	JOAN CASTELL	
23 STREET ADDRESS	6649 SOMERSET DR. #201	
24 CITY - ST - ZIP	BOCA RATON, FL 33433	
31 TITLE	DIRECTOR	☐ Change ☒ Addition
32 NAME	RUTH RAPPAPORT	
33 STREET ADDRESS	6585 SOMERSET DR #208	
34 CITY - ST - ZIP	BOCA RATON, FL 33433	
41 TITLE	DIRECTOR	☐ Change ☒ Addition
42 NAME	CLIFF WOODWARD	
43 STREET ADDRESS	21951 SOUNDVIEW TERRACE #108	
44 CITY - ST - ZIP	BOCA RATON, FL 33433	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ruth Rappaport, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Anytime After 8