9/3/2002-90183-027-$61.25-$61.25

FILED

02 OCT 21 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

42834

[redacted]

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769475

1. Entity Name
KENSINGTON WALK MASTER ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6600 SOMERSET DR.	C/O FEDERAL HOME & PROP MGT.
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 811180
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33433 Country USA	Zip 33481-1180 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2371470 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kaye & Roger P.A.

Street Address (P.O. Box Number is Not Acceptable): 6261 NORTHWEST 6TH WAY

SUITE 103

City: FT LAUDERDALE FL Zip Code: 33309

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: RANDALL ROGER, P.A. 8/15/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	PRES D
NAME	MEIR KAPAPORT
STREET ADDRESS	7776 CLOVERFIELD CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VPRES D
NAME	KEVIN TAYLOR
STREET ADDRESS	21951 SOUNDVIEW TERR #109
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VPRES D
NAME	ANDREW COHAN
STREET ADDRESS	6660 SOMERSET DR. #101
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SEC D
NAME	MAUREEN WALSH
STREET ADDRESS	6585 SOMERSET DR #205
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	TR D
NAME	ADELSONE PETRETTI
STREET ADDRESS	6550 SOMERSET DR. #208
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E078 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 8/15/02 MEIR KAPAPORT 561 392-3351
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNED OFFICER OR DIRECTOR Date Daytime Phone #

10/21/02