2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90076 045 ****61.25

94038706

DOCUMENT # 769475

1. Entity Name
KENSINGTON WALK MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6600 SOMERSET DR BOCA RATON, FL 33487 US	PO BOX 811180 BOCA RATON, FL 33481-1180

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03142004 Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

RANDELL K ROGER AND ASSOCIATES
621 NW 53 ST
STE300
BOCA RATON, FL 33487

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

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PRESIDENT - DIRECTOR	☒ Change ☐ Addition
NAME	RAPAPORT, MEIER		NAME	WALSH, MAUREEN	
STREET ADDRESS	7776 CLOVERFIELD CIRCLE		STREET ADDRESS	6585 SOMERSET DR. # I-205	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VPD	☒ Delete	TITLE	VICE-PRESIDENT - DIRECTOR	☐ Change ☒ Addition
NAME	COHEN, ANDREW		NAME	PAUL DEFILIPIS	
STREET ADDRESS	6660 SOMERSET DR, #201		STREET ADDRESS	21954 TIDEWATER TERR. # F207	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VD	☒ Delete	TITLE	SECRETARY - DIRECTOR	☐ Change ☒ Addition
NAME	TAYLOR, KEVIN		NAME	JOANN CASTELLI	
STREET ADDRESS	21951 SOUNDVIEW TERR #109		STREET ADDRESS	6649 SOMERSET DR. # A201	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALSH, MAUREEN		NAME		
STREET ADDRESS	6585 SOMERSET DR #101		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PETTRETTI, ADELSONE		NAME		
STREET ADDRESS	6550 SOMERSET DR #208		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Maureen Walsh MAUREEN WALSH 3/24/04 561-750-3492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #