

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90033 037 \*\*\*\*61.25

<b>DOCUMENT # 769475</b> 1. Entity Name <b>KENSINGTON WALK MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>6600 SOMERSET DR BOCA RATON, FL 33487 US</b>			Mailing Address <b>C/O FEDERAL HOME &amp; PROPERTY MANAGEMENT PO BOX 811180 BOCA RATON, FL 33481-1180</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-2371470</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RANDELL K ROGER AND ASSOCIATES 621 NW 53 ST STE300 BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>WALSH, MAUREEN</b> <b>6585 SOMERSET DR., #1205</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>DEFILIPPIS, PAUL</b> <b>21954 TIDEWATER TERR., #F207</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SHEPARD, KELLY</b> <b>21943 REMSEN TERRACE #C102</b> <b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>FERGUSON, CHRISTINE</b> <b>21943 REMSEN TERRACE #C203</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>BONO-MARANO, PATRICIA</b> <b>21938 REMSEN TERRACE #D202</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TILLES, HELEN MEGAN</b> <b>6585 SOMERSET DR., I-102</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <b>MEGAN TILLES</b> <b>6585 SOMERSET DR. I 102 Boca Raton FL 33433</b>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: _____</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>3/31/08</b> Daytime Phone # <b>750-3492</b>					