2001 UNIFORM BUSINESS REPÖRT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # N0000002813 1. Entity Name 04-25-2001 90097 002 \*\*\*\*61.25 WESTCHESTER AT KENSINGTON CONDOMINIUM ASSOCIATIO Principal Place of Business Mailing Address 44334 4075 DOVER OF, STE. 102-4375 DOVER CT.: STE: 102 NAPLES FL 04105 MAPLES FL 34105 3. Mailing Address 2. Principal Place of Business Southwest Property Manut. Cons Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE sun-c 4. FEI Number Applied For 59-3641815 Not Applicable Zip Country \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Property Managemen Street Address (P.O. Box Number is Not Acceptable) PRICE, R. SCOTT 2040 GOLDEN GATE PKWY, STE-145 NAPLES FL 34105-8. 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 FILE NOW: Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ■ Addition TITLE ☐ Delete TILLE BATEMAN, A.L. NAME NAME 4375 DOVER CT., STE. 102 STREET ADDRESS STREET ADDRESS CR2E037 CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP ☐ Change □ Addition TITLE Bersch Joyce 4376 Dover Ct. #102 DERSCH, JOYCE NAME NAME 4375 DOVER CT., STE. 102 STREET ADDRESS STREET ADDRESS ens Waples, FL 34105 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 ☐ Change ☐ Addition TITLE TITLE SELLS, JOYCE NAME NAME STREET ADDRESS 4375 DOVER CT., STE. 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34105 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 attrachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR P

FILED

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