

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90088 049 \*\*\*\*61.25

DOCUMENT # N00000002813

1. Entity Name  
**WESTCHESTER AT KENSINGTON CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
~~SOUTHWEST PROPERTY MGMT. CORP~~      ~~SOUTHWEST PROPERTY MGMT. CORP~~  
~~1044 CASTELLO DR. #206~~      ~~1044 CASTELLO DR. #206~~  
~~NAPLES FL 34103~~      ~~NAPLES FL 34103~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**Old Newell Property Mgmt**      **Old Newell Property Mgmt**  
**4148A Corporate Square**      **4148A Corporate Square**  
 City & State      City & State  
**Naples FL**      **Naples FL**

4. FEI Number      Applied For  
**59-3641815**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
~~SOUTHWEST PROPERTY MANAGEMENT CORP.~~  
~~1044 CASTELLO DR. #206~~  
~~NAPLES FL 34103~~

7. Name and Address of New Registered Agent  
 Name: **Newell, William**  
 Street Address: **4148A Corporate Square**  
 City & State: **Naples FL**      Zip: **34104**

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: *William Newell*      **WILLIAM NEWELL, MANAGER**      **4/22/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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	<del>D</del> <input type="checkbox"/> Delete
NAME	<del>BATEMAN, A.L.</del>
STREET ADDRESS	<del>4375 DOVER CT., STE. 102</del>
CITY-ST-ZIP	<del>NAPLES FL 34105</del>
TITLE	<del>D</del> <input type="checkbox"/> Delete
NAME	<del>DERSCH, JOYCE</del>
STREET ADDRESS	<del>4375 DOVER CT., STE. 102</del>
CITY-ST-ZIP	<del>NAPLES FL 34105</del>
TITLE	<del>D</del> <input type="checkbox"/> Delete
NAME	<del>SELLS, JOYCE</del>
STREET ADDRESS	<del>4375 DOVER CT., STE. 102</del>
CITY-ST-ZIP	<del>NAPLES FL 34105</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Johnson, Frank</b>
STREET ADDRESS	<b>4952 Westchester Ct #3902</b>
CITY-ST-ZIP	<b>Naples FL 34105</b>
TITLE	<b>VDI</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frazer, Richard</b>
STREET ADDRESS	<b>4970 Westchester Ct #4203</b>
CITY-ST-ZIP	<b>Naples FL 34105</b>
TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Reardon, Paul</b>
STREET ADDRESS	<b>4964 Westchester Ct #4104</b>
CITY-ST-ZIP	<b>Naples FL 34105</b>
TITLE	<b>DI</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mozzoni, Madeline</b>
STREET ADDRESS	<b>4958 Westchester Ct #4004</b>
CITY-ST-ZIP	<b>Naples FL 34105</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Banwell, Robert</b>
STREET ADDRESS	<b>4964 Westchester Ct #4101</b>
CITY-ST-ZIP	<b>Naples FL 34105</b>
TITLE	
NAME	
STREET ADDRESS	
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: *Frank G. Johnson*      **FRANK G. JOHNSON**      **4/18/02**      **(941) 262-8211**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)