

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90999 004 \*\*\*\*61.25

DOCUMENT # N00000002813



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

Principal Place of Business  
 C/O NEWELL PROPERTY MGMT  
 5435 JAEGER RD. #4  
 NAPLES, FL 34109

Mailing Address  
 C/O NEWELL PROPERTY MGMT  
 5435 JAEGER RD. #4  
 NAPLES, FL 34109

14019047



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Mailing Address:  
 C/O Southwest Property Mgmt.  
 1044 Castello Drive #206  
 Naples, FL 34103 USA

03192004 Chg-NP CR2E037 (10/03)

City & State

Zip

Country

4. FEI Number  
 59-3641815

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, WILLIAM  
 5436 JAEGER RD 4  
 NAPLES, FL 34104

Name **Southwest Property Mgmt**  
 Street Address (P.O. Box Number is Not Acceptable) **1044 Castello Drive #206**  
 City **NAPLES** FL Zip Code **34103**

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 *Stephen P. Williams*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-04

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, FRANK 4952 WESTCHESTER CT # 3902 NAPLES, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRAGER, RICHARD 4970 WESTCHESTER CT # 4203 NAPLES, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRIS, BREWSTER 4952 WESTCHESTER CT 3904 NAPLES, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANWELL, ROBERT 4964 WESTCHESTER CT # 4101 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOFFMAN, BILL 4952 WESTCHESTER CT 4403 NAPLES, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOZZONI, MADELLINE 4958 WESTCHESTER CT #4004 NAPLES, FL. 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 S. Johnson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04  
 Date

Daytime Phone #