

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N00000002813

Entity Name: WESTCHESTER AT KENSINGTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3641815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A AGENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRIS, BREWSTER
Address: 4952 WESTCHESTER COURT #3904
City-St-Zip: NAPLES, FL 34105

Title: VD () Delete
Name: FINGER, MICHAEL
Address: 4934 WESTCHESTER COURT #3604
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: WILSON, LARRY
Address: 4934 WESTCHESTER COURT #4104
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: HOFFMAN, BILL
Address: 4945 WESTCHESTER COURT #4403
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: MARCHETTA, STEPHEN
Address: 4970 WESTCHESTER COURT #4204
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BREWSTER MORRIS

PD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date