

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008372

FILED  
May 19, 2005  
Secretary of State

**Entity Name:** KENSINGTON GARDENS OF NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

365 5TH AVE. S., STE. 201  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

365 5TH AVE. S., STE. 201  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 16-1654165      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ANTARAMIAN, JACK J  
365 5TH AVE. S., STE. 201  
NAPLES, FL 34102      US

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: D ( ) Delete  
Name: ANTARAMIAN, JACK J  
Address: 365 5TH AVE. S., STE. 201  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: THOMAS, CHARLES J  
Address: 365 5TH AVE. S., STE. 201  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: FRAZITTA, ROBERT M  
Address: 365 5TH AVE. S., STE. 201  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LEVY-REIF, IGOR  
Address: 365 5TH AVE. S., STE. 201  
City-St-Zip: NAPLES, FL 34102

Title: D (X) Change ( ) Addition  
Name: GOGGINS, CYNTHIA  
Address: 365 5TH AVE. S., STE. 201  
City-St-Zip: NAPLES, FL 34102

Title: D (X) Change ( ) Addition  
Name: WEHUDA, DAVID  
Address: 365 5TH AVE. S., STE. 201  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IGOR LEVY-REIF

D

05/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date