2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N01114

Entity Name: KENSINGTON WALK CONDOMINIUM TWO ASSOCIATION, INC.

Current Principal Place of Business:

6600 SOMERSET DR
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

C/O FEDERAL HOME & PROPERTY MANAGEMENT
PO BOX 811180
BOCA RATON, FL 334811180

New Mailing Address:

FEI Number: 59-2513169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RANDALL K. ROGER ASSOCIATES
621 NW 23RD STREET
103
BOCA RATON, FL 33487 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: DEFILIPIS, PAUL
Address: 21954 TIDEWATER #207
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete
Name: BANGER, VIRGINIA
Address: 21951 SOUTH VIEW TERRACE G209
City-St-Zip: BOCA RATON, FL 33433

Title: T (X) Delete
Name: FERGUSON, CHRISTINE
Address: 21955 TIDEWATER TERRACE E 204 NINOS
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEFILLIPIS, PAUL
Address: 21954 TIDEWATER TERRACE F207
City-St-Zip: BOCA RATON, FL 33433

Title: TD (X) Change ( ) Addition
Name: NINOS, CHRISTOPHER M
Address: 21955 TIDEWATER TERRACE E204
City-St-Zip: BOCA RATON, FL 33433

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: PAUL DEFILIPPIS PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date