

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90226 004 ****61.25

DOCUMENT # N02000007243 1. Entity Name KENSINGTON GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9494 S. MILITARY TRAIL UNIT 2 BOYNTON BEACH, FL 33436			Mailing Address % PO BOX 24-3214 BOYNTON BEACH, FL 33424		
2. Principal Place of Business <i>C/O VICTORY Accounting Service</i> Suite, Apt. #, etc. <i>PO Box 243214</i>		3. Mailing Address Suite, Apt. #, etc. City & State <i>Boynton Beach FL</i>		4. FEI Number 54-2080040	
City & State <i>Boynton Beach FL</i>		City & State Zip <i>33424</i>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEICHT, VICKI 1375 GATEWAY BLVD BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renouncing) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 BEVERLY, SHORE 9486 S. MILITARY TRAIL, UNIT 3 BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLASS, MAY 9494 S. MILITARY TRAIL, UNIT 3 BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRADLEY, THOMAS 9494 S. MILITARY TRAIL, UNIT 2 BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCIALABBA, SHARON 9486 S. MILITARY TRAIL, UNIT 4 BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAROSA, DAVE 9498 S. MILITARY TRAIL, UNIT 2 BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGURA, OSCAR 9498 S. MILITARY TRAIL, UNIT B BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Beverly Shore</i> 4-15-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					