## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90264 024 \*\*\*\*61.25

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1. Entity Name



KENSINGTON PLACE AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 310 SW 23RD AVE. 310 SW 23RD AVE. BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 2. Principal Place of Business 3. Mailing Address 302 SE 23RD AVE. 7917 GLEN NEVIS TERR Suite, Apt. #, etc. Suite, Apt. #, etc. 03102006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Numbe BOYNTON BEACH, FL BOCA RATON, 57-1182897 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33435 33496 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KURSTIN, GARY Street Address (P.O. Box Number is Not Acceptable) 7917 GLEN NEVIS TERR BOCA RATON, FL 33496 3. 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 ager (NOTE: Registered Agent signature required when reinstating) stered agent and title if applicable 9. Election Campaign Financing Make check payable to Fillng Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2006 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TD PD ☐ ★odition Delete TITLE ARMIDA SUAREZ KURSTIN, GARY NAME NAME 302 55, 2380 AUE 7917 GLENN NEVIS TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RAT, FL 33496 CITY-ST-ZIP BOYNTON BEACH, FL 33435 Addition Change ☐ Delete TITI F TITLE GRIEEL LUNA NAME NAME 332 SE 23RD AUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the precipital trustee emptywered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06

Davtime Phone #