

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
OFFICE OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 AM 9:22

DOCUMENT # **N04157** (6)
1. Corporation Name
KENSINGTON WALK CONDOMINIUM THREE ASSOCIATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5295 TOWN CENTER ROAD BOCA RATON FL 33486

3. Date Incorporated or Qualified **07/12/1984** 3a. Date of Last Report **03/04/1994**

4. FEI Number **59-2494079** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State City & State
23 28

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

Zip Country Zip Country
24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ISAACSON, WILLIAM K. C/O LANG MGMT.
5295 TOWN CENTER ROAD
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE ~~STD~~
NAME ~~VAN HORN JOHNSON, KATHLEEN~~
STREET ADDRESS ~~6585 SOMERSET DR. #201~~
CITY - ST - ZIP ~~BOCA RATON FL~~
TITLE **PD**
NAME **PETRETTI, ANITA**
STREET ADDRESS **6550 SOMERSET DR, #208**
CITY - ST - ZIP **BOCA RATON FL**
TITLE **VPD**
NAME **MORREO, ANTHONY**
STREET ADDRESS **6585 SOMERSET DR #204**
CITY - ST - ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
1.1 TITLE **SECRETARY - D** Change Addition
1.2 NAME **RUTH RAPPAPORT**
1.3 STREET ADDRESS **6585 SOMERSET #202**
1.4 CITY - ST - ZIP **BOCA RATON, FL 33433**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE **TREASURER - D** Change Addition
3.2 NAME **ANTHONY MORREO**
3.3 STREET ADDRESS **6585 SOMERSET DR. #204**
3.4 CITY - ST - ZIP **BOCA RATON, FL 33433**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Rappaport Secretary Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1