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FILED
Sep 10, 2002 8:00 am
Secretary of State
08-26-2002 90066 023 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04157

1. Entity Name
KENSINGTON WALK CONDOMINIUM THREE ASSOC., INC

[redacted]

42427

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
6600 SOMERSET DR
Suite, Apt. #, etc.
City & State: BOCA RATON FL
Zip: 33433 Country: USA

3. Mailing Address
C/O FEDERAL HOMES PROP. MGT.
P.O. BOX 811180
Suite, Apt. #, etc.
City & State: BOCA RATON FL
Zip: 33481-1180 Country: USA

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: RANDALL ROGER, P.A.
Street Address (P.O. Box Number is Not Acceptable): 6261 NORTHWEST 6TH WAY
SUITE 103
City: FT LAUDERDALE FL Zip Code: 33309

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.

SIGNATURE: RANDALL ROGER, P.A. 8/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT PD
NAME	ADELSONE PETRETTI
STREET ADDRESS	6550 SOMERSET DR 208
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VICE PRESIDENT / TREASURER TVPD
NAME	MEIR RAPAPORT
STREET ADDRESS	7776 CLOVERFIELD CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SECRETARY SD
NAME	MAUREEN WALSH
STREET ADDRESS	6585 SOMERSET DR 205
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Adelsone Petretti ADELSONE PETRETTI 8/15/02 561 394-5568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #