2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# N04157

Entity Name: KENSINGTON WALK CONDOMINIUM THREE 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 & PROP MGT
PO BX 811180
BOCA RATON, FL 334811180 US

New Mailing Address:

FEI Number: 59-2494079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGER, RANDALL PA
621 NW 53 STREE, SUITE 300
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: PTD ( ) Delete
Name: PETTRETI, ADELSONE
Address: 6550 SOMMERSET DR, #208
City-St-Zip: BOCA RATON, FL 33433

Title: SD ( ) Delete
Name: WALSH, MAUREEN
Address: 6585 SOMERSET DR 205
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FAZIO, ELOISE
Address: 6551 ARLEIGH COURT
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Change ( ) Addition
Name: WALSH, MAUREEN
Address: 6585 SOMERSET DR 205
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Change (X) Addition
Name: FRATTURA, NANCY
Address: 6550 SOMERSET DRIVE
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAUREEN WALSH D 03/21/2005

Electronic Signature of Signing Officer or Director Date