2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 31, 2008
Secretary of State

DOCUMENT# N06000009245

Entity Name: KENSINGTON OF ROYAL PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

300 CRESTWOOD CIRCLE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

300 CRESTWOOD CIRCLE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 20-5588682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATT RIEGER ESQ
3250 MARY STREET
SUITE 500
COCONUT CREEK, FL 33133 US

Name and Address of New Registered Agent:

DONALD HILLEY
860 US HIGHWAY ONE
SUITE 108
NORTH PALM BEACH, FL 33408 US

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: DONALD HILLEY 10/31/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAISER, CASPER
Address: 3250 MARY STREET, SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD ( ) Delete
Name: RIEGER, MATTHEW
Address: 300 CREST WOOD CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: STD ( ) Delete
Name: MATLOF, RICHARD
Address: 300 CREST WOOD CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CASPER MAISER PD 10/31/2008
Electronic Signature of Signing Officer or Director Date