

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90003 040 ****61.25

DOCUMENT # N45375

1. Entity Name
THE KENSINGTON GARDENS ASSOCIATION, INC.



Principal Place of Business
SUNRAE MANAGEMENT SERVICES INC.
7071 WEST COMMERCIAL BLVD SUITE 2-B
LAUDERDALE LAKES, FL 33319 US

Mailing Address
SUNRAE MANAGEMENT SERVICES INC.
7071 WEST COMMERCIAL BLVD SUITE 2-B
LAUDERDALE LAKES, FL 33319 US

401400



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0310854

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUNRAE MANAGEMENT SERVICES, INC..
7071 W. COMMERCIAL BLVD.
SUITE 2B
TAMARAC, FL 33319

Name Sunrae Property Management
Street Address (P.O. Box Number is Not Acceptable) 7071 West Commercial Blvd.
Suite 2B
City Tamarac FL Zip Code 33319

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeff Goldberg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME COLASUONNO, LENNY
STREET ADDRESS 10731 NW 49 MANOR
CITY-ST-ZIP POMPAO BEACH, FL 33076

TITLE D ☐ Change ☒ Addition
NAME Nodde, Alan
STREET ADDRESS 4958 NW 107th Avenue
CITY-ST-ZIP Coral Springs, FL 33076

TITLE VP ☐ Delete
NAME ASCH, ROBERT
STREET ADDRESS 10716 NW 106 WAY
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE D ☐ Change ☒ Addition
NAME Solomon, Michael
STREET ADDRESS 10636 NW 49th Street
CITY-ST-ZIP Coral Springs, FL 33076

TITLE D ☒ Delete
NAME PIERSON, NICK
STREET ADDRESS 10629 N.W. 49TH COURT
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MESCHINO, SIPORA
STREET ADDRESS 5023 NW 106 WAY
CITY-ST-ZIP CORALS SPRINGS, FL 33076

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ROBINSON, DONNA
STREET ADDRESS 10604 NW 49 ST
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leonard Colasuonno LEONARD COLASUONNO
PRESIDENT

5-1-07

954-383-0890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #