

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000879 (8)**  
 1. Corporation Name  
**KENSINGTON PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>5295 TOWN CENTER RD. STE. 200 BOCA RATON FL 33486 US</b>	Mailing Address <b>5295 TOWN CENTER RD STE. 200 BOCA RATON FL 33486 US</b>
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3. Date Incorporated or Qualified <b>12/21/1992</b>
4. FEI Number <b>65-0439973</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**ISAACSON, WILLIAM K  
5295 TOWN CENTER RD.  
STE. 200  
BOCA RATON FL 33486**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ENDELSON, KENNETH M</b>	
STREET ADDRESS <b>1000 CLINT MOORE ROAD SUITE 110</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33487</b>	
TITLE <b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FINELSTEIN, RICHARD</b>	
STREET ADDRESS <b>1000 CLINT MOORE ROAD SUITE 110</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33487</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GRAY, JUDY</b>	
STREET ADDRESS <b>1000 CLINT MOORE RE SUITE 110</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>President/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Stanley Berman</b>	
1.3 STREET ADDRESS <b>4373 Kensington Parkway</b>	
1.4 CITY-ST-ZIP <b>Lake Worth, FL 33467</b>	
2.1 TITLE <b>Vice President/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Marvin Press</b>	
2.3 STREET ADDRESS <b>4429 Kensington Parkway</b>	
2.4 CITY-ST-ZIP <b>Lake Worth, FL 33467</b>	
3.1 TITLE <b>Treasurer/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Seymour Levenstein</b>	
3.3 STREET ADDRESS <b>4493 Kensington Parkway</b>	
3.4 CITY-ST-ZIP <b>Lake Worth, FL 33467</b>	
4.1 TITLE <b>Secretary/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Robert Nass</b>	
4.3 STREET ADDRESS <b>4505 Kensington Parkway</b>	
4.4 CITY-ST-ZIP <b>Lake Worth, FL 33467</b>	
5.1 TITLE <b>Director/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Donald Koles</b>	
5.3 STREET ADDRESS <b>4369 Kensington Parkway</b>	
5.4 CITY-ST-ZIP <b>Lake Worth, FL 33467</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Seymour Levenstein*

3.5.98

CF2E037 (10/97)