

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90077 024 ****61.25

DOCUMENT # N92000000879

1. Entity Name

KENSINGTON PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3082 JOG ROAD
 LAKE WORTH FL 33467
 US

3082 JOG ROAD
 LAKE WORTH FL 33467-2053
 US

2. Principal Place of Business

3. Mailing Address

clo Phoenix mgt.

clo Phoenix mgt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3082 Jog Road

3082 Jog Road

City & State

City & State

Lake Worth, FL

Lake Worth, FL

Zip

Country

Zip

Country

33467 USA

33467 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0439973

Applied For

Not Applicable

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

ROSENTHAL, DAVID C
 3082 JOG ROAD
 LAKE WORTH FL 33467

Name
Gabe Hernandez
 Street Address (P.O. Box Number is Not Acceptable)
Phoenix Management Services
3082 Jog Road
 City
Lake Worth FL Zip Code
33467

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 *GABE HERNANDEZ*

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

Gabe Hernandez

(NOTE: Registered Agent signature required when reinstating)

2/10/00

DATE

FILE NOW:
FEE IS \$61.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERMAN, STANLEY 4373 KENSINGTON PARKWAY LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESS, MARVIN 4429 KENSINGTON PARKWAY LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVENSTEIN, SEYMOUR 4493 KENSINGTON PARKWAY LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NASS, ROBERT 4505 KENSINGTON PARKWAY LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLES, DONALD 4369 KENSINGTON PKWY LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wachsberger, Barbara 4386 Kensington Parkway Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOLACK, LEO 4402 Kensington Parkway Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED Pks.*

2/10/00 (561)964-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)