

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90133 027 \*\*\*\*61.25

**DOCUMENT # N92000000879**

1. Entity Name  
**KENSINGTON PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business C/O PHOENIX MGT. 3082 JOG ROAD LAKE WORTH FL 33467 US	Mailing Address C/O PHOENIX MGT. 3082 JOG ROAD LAKE WORTH FL 33467 US
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2. Principal Place of Business C/O GRS Management Associates, Inc Suite, Apt. #, etc. 3900 Woodlake Blvd STE 201 City & State Lake Worth, FL	3. Mailing Address SAME Suite, Apt. #, etc. City & State
Zip 33463	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HERNANDEZ, GABE**  
**PHOENIX MANAGEMENT SERVICES**  
**3082 JOG ROAD**  
**LAKE WORTH FL 33467**

4. FEI Number **65-0439973**  
 Applied For   
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **SACHS, SAX & KLEIN, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**301 Yamato Road STE 4150**  
 City **Boca Raton** FL Zip Code **33431**

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 DATE **3/27/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WACHSBERGER, BARBARA</b> <b>4386 KENSINGTON PARKWAY</b> <b>LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>PRESS, MARVIN</b> <b>4429 KENSINGTON PARKWAY</b> <b>LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KOLACK, LEO</b> <b>4402 KENSINGTON PARKWAY</b> <b>LAKE WORTH FL 33467</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NASS, ROBERT</b> <b>4505 KENSINGTON PARKWAY</b> <b>LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOLES, DONALD</b> <b>4369 KENSINGTON PKWY</b> <b>LAKE WORTH FL 33467</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KoBlack, LEO</b> <b>4402 Kensington Parkway</b> <b>LAKE WORTH, FL 33467</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>VANGORP, HARRY</b> <b>4425 KENSINGTON PARKWAY</b> <b>LAKE WORTH, FL 33467</b> <input type="checkbox"/> Change <input checked="" 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: **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)