

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0034721

**DOCUMENT # N92000000879**

1. Entity Name

**KENSINGTON PROPERTY OWNERS ASSOCIATION, INC.**

03-29-2002 90199 047 \*\*\*\*61.25

Principal Place of Business C/O SACHS, SAX & KLEIN, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431 US	Mailing Address C/O SACHS, SAX & KLEIN, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431 US
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33960



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/o GR Management Assoc. Inc. Suite, Apt. #, etc. 3900 Woodlake Blvd STE 201
City & State	City & State Lake Worth FL
Zip 33463	Country US

4. FEI Number 65-0439973	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SACHS, SAX & KLEIN PA**  
**301 YAMATO ROAD**  
**SUITE 4150**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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

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	
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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KO BLACK, LEO</b> <b>4402 KENSINGTON PARKWAY</b> <b>LAKE WORTH FL 33467</b> <input 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>TD</b> <b>VANGORP, HARRY</b> <b>4425 KENSINGTON PARKWAY</b> <b>LAKE WORTH FL 33467</b> <input 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	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RIPPS, HARVEY</b> <b>4457 Kensington Park way</b> <b>Lake worth FL 33467</b> <input type="checkbox"/> Change <input checked="" 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: *Barbara Wachsbeger, V.P.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/18/02*  
 Daytime Phone # \_\_\_\_\_

CR2E037 (9/01)