


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90110 002 ****61.25

DOCUMENT # N92000000879					
1. Entity Name KENSINGTON PROPERTY OWNERS ASSOCIATION, INC.					
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 GRS MANAGEMENT ASSOC. INC 3900 WOODLAKE BLVD STE 201 LAKE WORTH, FL 33463 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0439973	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SACLTS, SAX & KLEIN PA 301 YAMATO ROAD SUITE 4150 BOCA RATON, FL 33431			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ 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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WACHSBERGER, BARBARA		NAME	Levenstein, Seymour	
STREET ADDRESS	4386 KENSINGTON PARKWAY		STREET ADDRESS	4493 Kensington Pkwy	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIPPS, HARVEY		NAME	Press, Marvin	
STREET ADDRESS	4457 KENSINGTON PARK WAY		STREET ADDRESS	4429 Kensington Pkwy	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KO BLACK, LEO		NAME	Wachsberger, Barbara	
STREET ADDRESS	4402 KENSINGTON PARKWAY		STREET ADDRESS	4386 Kensington Pkwy	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASS, ROBERT		NAME	Ripps, Harvey	
STREET ADDRESS	4505 KENSINGTON PARKWAY		STREET ADDRESS	4457 Kensington Pkwy	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANGORP, HARRY		NAME	Nass, Robert	
STREET ADDRESS	4425 KENSINGTON PARKWAY		STREET ADDRESS	4505 Kensington Pkwy	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Barbara Key-Wachsberger</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

440440JJ



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