


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90033 024 \*\*\*\*61.25

**DOCUMENT # N92000000879**

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



Principal Place of Business  
**GRS MANAGEMENT ASSOCIATES INC**  
**3900 WOODLAKE BLVD STE 309**  
**LAKE WORTH, FL 33463 US**

Mailing Address  
**GRS MANAGEMENT ASSOCIATES INC**  
**3900 WOODLAKE BLVD STE 309**  
**LAKE WORTH, FL 33463 US**

**40039103**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01222008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**65-0439973**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<del>DD</del>	<input type="checkbox"/> Delete
NAME	<b>KAUFMAN, AARON</b>	
STREET ADDRESS	<b>4501 KENSINGTON PKWY</b>	<b>33449</b>
CITY-ST-ZIP	<del>LAKE WORTH, FL 33467</del>	<b>WELINGTON FL</b>
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CAPLAN, MURRAY</b>	
STREET ADDRESS	<b>4394 KENSINGTON PKWY</b>	
CITY-ST-ZIP	<del>LAKE WORTH, FL 33467</del>	<b>33449</b>
TITLE	<del>D. WELINGTON, FL</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>KAYE-WACHSBERGER, BARBARA</b>	
STREET ADDRESS	<b>4386 KENSINGTON PKWY.</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FELDMAN, MAGGIE</b>	
STREET ADDRESS	<b>4393 KENSINGTON PKWY</b>	
CITY-ST-ZIP	<del>LAKE WORTH, FL 33467</del>	
TITLE	<del>D. WELINGTON, FL</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIPPS, HARVEY</b>	
STREET ADDRESS	<b>4457 KENSINGTON PKWY</b>	
CITY-ST-ZIP	<del>LAKE WORTH, FL 33467</del>	<b>33449</b>
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEVENSTEIN, SEYMOUR</b>	
STREET ADDRESS	<b>4493 KENSINGTON PARKWAY</b>	
CITY-ST-ZIP	<b>WELINGTON, FL 33449</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRESS, MARVIN</b>	
STREET ADDRESS	<b>4429 KENSINGTON PARKWAY</b>	
CITY-ST-ZIP	<b>WELINGTON, FL 33449</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Seymour Levenstein* **2-20-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #