2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000879

FILED Apr 29, 2009 Secretary of State

Entity Name: KENSINGTON PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463 **New Mailing Address: Current Mailing Address:** GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463 FEI Number: 65-0439973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SACHS, SAX & KLEIN PA 301 YAMATO ROAD **SUITE 4150** BOCA RATON, FL 33431 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KAUFMAN, AARON LEVENSTEIN, SY Name: Name: 4501 KENSINGTON PKWY Address: 4493 KENSINGTON PKWY Address: City-St-Zip: WELLINGTON, FL 33449 City-St-Zip: WELLINGTON, FL 33449 Title: () Delete Title: () Change () Addition PRESS, MARVIN Name: Name: Address: 4429 KINGSTON PARKWAY Address: City-St-Zip: WELLINGTON, FL 33449 City-St-Zip: Title: () Delete Title: (X) Change () Addition FELDMAN, MAGGIE KAUFMAN, AARON Name: Name: 4393 KENSINGTON PKWY 4501 KENSINGTON PKWY Address: Address: City-St-Zip: WELLINGTON, FL 33467 City-St-Zip: WELLINGTON, FL 33467 (X) Change () Addition Title: () Delete Title: RIPPS, HARVEY Name: Name: CAPLAN, MURRAY 4457 KENSINGTON PKWY 4394 KENSINGTON PKWY Address: Address: City-St-Zip: WELLINGTON, FL 33467 City-St-Zip: WELLINGTON, FL 33467 Title: () Delete Title: () Change (X) Addition NASS, ROBERT Name: Name: 4505 KENSINGTON PARKWAY Address: Address: City-St-Zip: City-St-Zip: WELLINGTON, FL 33449

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SY LEVENSTEIN PRES 04/29/2009