FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005183 (9)**

1. Corporation Name

CLASSICS AT KENSINGTON II HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
4400 WEST SAMPLE RD. SUITE 200 COCONUT CREEK FL 33073-3450	4400 WEST SAMPLE RD. SUITE 200 COCONUT CREEK FL 33073-3450

3. Date Incorporated or Qualified: 11/17/1993
3a. Date of Last Report: 01/27/1995

2. Principal Place of Business
21: c/o Benchmark Prop. Mgmt
22: 7932 Wiles Road
Suite, Apt. #, etc.
23: Coral Springs, FL
City & State
24: 33067 Zip
25: Broward Country

2a. Mailing Address
26: c/o Benchmark Prop. Mgmt.
27: 7932 Wiles Road
Suite, Apt. #, etc.
28: Coral Springs, FL
City & State
29: 33067 Zip
30: Broward Country

4. FEI Number: 65-0395305 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MINTO BUILDERS (FLORIDA), INC .
ATTN: MICHAEL GREENBERG
4400 WEST SAMPLE RD., SUITE 200
COCONUT CREEK FL 33073-3450

10. Name and Address of New Registered Agent

81 Name: KAYE & ROGER, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1500 W. Cypress Creek Rd. #207
83
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Roger Kaye President — DATE: 3-21-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	BEER, T R		1.2 NAME	Michael Conte	
STREET ADDRESS	4400 W. SAMPLE RD., SUITE 200		1.3 STREET ADDRESS	10635 N. W. 47th Court	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450		1.4 CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	VD	☒ DELETE	2.1 TITLE	T/D	☐ Change ☒ Addition
NAME	RODGERS, FRANK		2.2 NAME	Alan Lurie	
STREET ADDRESS	4400 W. SAMPLE RD., SUITE 200		2.3 STREET ADDRESS	4770 N. W. 106th Avenue	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450		2.4 CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	STD	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	CLEMENT, GARY		3.2 NAME	Sarah Zelina	
STREET ADDRESS	4400 W. SAMPLE RD., SUITE 200		3.3 STREET ADDRESS	10671 N. W. 47th Court	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450		3.4 CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Conte — 3/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #