2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State
03-13-2000 90012 043 ****61.25

DOCUMENT # N93000005183

1. Entity Name

CLASSICS AT KENSINGTON II HOMEOWNERS ASSOCIATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O BENCHMARK PROPERTY MGMT 7932 WILES RD CORAL SPRINGS FL 33067 US	C/O BENCHMARK PROPERTY MGMT 7932 WILES ROAD CORAL SPRINGS FL 33067-2071 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 65-0395305 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KAY & ROGER, PA
6261 NW 6TH WAY
STE 103
FT LAUDERDALE FL 33309

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 _____ DATE

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GIBSON, J.R. 10664 NW 47TH CT CORAL SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir Gibson, JR 10664 NW 47 Ct Coral Springs, FL 33076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUCE WEINER 10727 NW 48TH ST CORAL SPRINGS FL 33076	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres-Dir Bennis, Philip 10601 NW 47 Ct Coral Springs, FL 33076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PHILIP BENNIS 10601 NW 47TH CT CORAL SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-Dir Mednick, Lois 10627 NW 48 St Coral Springs, FL 33076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDNICK, LOIS 10627 NW 48TH ST CORAL SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir-Sec Miller, Jill 10622 NW 48 St Coral SPrings, FL 33076	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NICHOLAS ADAMO 10688 NW 48TH ST CORAL SPRINGS FL 33076	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir-Treas Murray, Jack 10604 NW 48 St Coral Springs, FL 33076	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE REQUIRED 954-344-5353 2/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #