

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0019802

DOCUMENT # N93000005183

1. Entity Name

CLASSICS AT KENSINGTON II HOMEOWNERS ASSOCIATION, INC.

04-02-2002 90076 025 ****61.25

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
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0395305

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **BENNIS, PHILIP**
 CITY-ST-ZIP **10601 NW 47 CT**
CORAL SPRINGS FL 33076

TITLE ☐ Change ☒ Addition
 NAME **Dir**
 STREET ADDRESS **Imberman, Scott**
 CITY-ST-ZIP **10639 NW 48 St**
Coral Springs, FL 33076

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **MILLER, JILL**
 CITY-ST-ZIP **10622 NW 48 ST**
CORAL SPRINGS FL 33076

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **MEDNICK, LOIS**
 CITY-ST-ZIP **10627 NW 48TH ST**
CORAL SPRINGS FL 33076

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **MURRAY, JACK**
 CITY-ST-ZIP **10604 NW 48 ST**
CORAL SPRINGS FL 33076

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ADAMO, NICHOLAS**
 CITY-ST-ZIP **10688 NW 48 ST.**
CORAL SPRINGS FL 33076

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

2/27/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)