2005 NOT-FOR-PROFIT CORPORATION

Mar 16, 2005 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N93000005183 03-16-2005 90050 011 ****61.25 1. Entity Name CLASSICS AT KENSINGTON II HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O BENCHMARK PROPERTY MGMT C/O BENCHMARK PROPERTY MGMT 20021839 7932 WILES ROAD 7932 WILES RD CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03022005 CR2E037 (10/03) Chg-NP Applied For City & State City & State 4. FEI Number 65-0395305 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT KAYE & ASSOCIATES, PA 6261 NW 6 WAY Street Address (P.O. Box Number is Not Acceptable) **SUITE 103** FT LAUDERDALE, FL 33309 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ■ Addition BENNIS, PHILIP NAME NAME 10601 NW 47 CT STREET ADDRESS STREET ADORESS CORAL SPRINGS, FL 33076 CITY+ST-7/P CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE MILLER, JILL NAME NAME 10622 NW 48 ST STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-ZIP CITY-ST-ZIP VD Detete . TITLE ☐ Change ☐ Addition TITLE MEDNICK, LOIS NAME NAME 10627 NW 48TH ST STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition OT TITLE NAME MURRAY, JACK NAME 10604 NW 48 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP Delete ☐ Addition TITI F Change TITLE D IMBERMAN, SCOTT NAME NAME STREET ADDRESS 10639 NW 48 STREET STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-ZIP CITY - ST - 71P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 it made under oath; that I am an officer or director of the corporation of 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

HILLPD BENNIS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.344.5353

Daytime Phone #

FILED