

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90223 006 \*\*\*\*61.25

<b>DOCUMENT # N93000005183</b> 1. Entity Name <b>CLASSICS AT KENSINGTON II HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>% EXCLUSIVE PROPERTY MANAGEMENT 1280 SW 36TH AVE., SUITE 301 POMPANO BEACH, FL 33069 US</b>			Mailing Address <b>C/O BENCHMARK PROPERTY MGMT 7932 WILES ROAD CORAL SPRINGS, FL 33067 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>C/O EXCLUSIVE PROPERTY MGMT 1280 SW 36TH AVE. SUITE 301</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>POMPANO BEACH, FL</b>			
Zip	Country	Zip	Country		
<b>33069</b>	<b>U.S.A.</b>	<b>33069</b>	<b>U.S.A.</b>		
6. Name and Address of Current Registered Agent  <b>ROBERT KAYE &amp; ASSOCIATES, PA 6261 NW 6 WAY SUITE 103 FT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BENNIS, PHILIP 10601 NW 47 CT CORAL SPRINGS, FL 33076</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MILLER, JILL 10622 NW 48 ST CORAL SPRINGS, FL 33076</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MEDNICK, LOIS 10627 NW 48TH ST CORAL SPRINGS, FL 33076</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT MURRAY, JACK 10604 NW 48 ST CORAL SPRINGS, FL 33076</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D IMBERMAN, SCOTT 10639 NW 48 STREET CORAL SPRINGS, FL 33076</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D IMBERMAN, SCOTT 10693 N.W. 48TH STREET CORAL SPRINGS, FL 33076</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SHAPIRO, HELAINE 10625 N.W. 47TH COURT CORAL SPRINGS, FL 33076</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MILLER-SHOOR, JILL 10622 N.W. 48TH STREET CORAL SPRINGS, FL 33076</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BERNARD, MARCIA 10726 N.W. 48TH STREET CORAL SPRINGS, FL 33076</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEDNICK, GARY 10645 N.W. 47TH STREET CORAL SPRINGS, FL 33076</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Scott Imberman Pres</u> <b>4-22-07</b> <b>954-695-4907</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					