2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005183

1. Entity Name

CLASSICS AT KENSINGTON II HOMEOWNERS ASSOCIATION, INC.



FILED Apr 09, 2008 08:00 Al Secretary of State

Principal Place of Business

% EXCLUSIVE PROERTY MANAGEMENT 1280 SW 36TH AVE., SUITE 301 POMPANO BEACH, FL 33069 US Mailing Address

% EXCLUSIVE PROERTY MANAGEMENT 1280 SW 36TH AVE., SUITE 301 POMPANO BEACH, FL 33069 US



01172008 No Chg-NP

CR2E037 (4/06)

4.	FEI Number 65-0395305	 -	Applied For Not Applicable	
5.	Certificate of Status Desired	\$8.75 /	Additional	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERT KAYE & ASSOCIATES, PA 6261 NW 6 WAY SUITE 103 FT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for thons of registered agent.	e purpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signalure, typed or printed name of registered agent and	title if applicable (NOTE: Registered	Agent signature required when reinstating)	DATE
4-	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finan Trust Fund Contribution		U00000888887i
10.	OFFICERS AND DI	RECTORS		. Gar 55400 monde not his elesa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IMBERMAN, SCOTT 10693 NW 48TH STREET CORAL SPRINGS, FL 33076		,	
NAME STREET ADDRESS CHY-ST-ZIP	SD SHAPIRO, HELAINE 10625 N.W. 47TH COURT CORAL SPRINGS, FL 33076			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER-SHOOR, JILL 10622 N.W. 48TH STREET CORAL SPRINGS, FL 33076		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERNARD, MARCIA 10726 N.W. 48TH STREET CORAL SPRINGS, FL 33076		IN	THIS SPACE
TITLE NAME STREET ADDRESS, CITY-SI-ZIP	D MEDNICK, GARY 10645 N.W. 47TH STREET CORAL SPRINGS, FL 33076			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	:	e de la companya de l	fct	en de la companya de
12. I hereby o	certify that the information supplied with the	is filing does not qualify for the exe	mptions contained in Chapter 11	9. Florida Statutes. I further certify that the information of as if made under path; that I am an officer or director

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 anofficer 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.

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NATURE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

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