

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N93000005183						FILED 08 SEP 12 PM 4:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name CLASSICS AT KENSINGTON II HOMEOWNERS ASSOCIATION, INC.				Principal Place of Business % EXCLUSIVE PROERTY MANAGEMENT 1280 SW 36TH AVE., SUITE 301 POMPANO BEACH, FL 33069 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address % EXCLUSIVE PROERTY MANAGEMENT 1280 SW 36TH AVE., SUITE 301 POMPANO BEACH, FL 33069 US			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0395305				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES, PA 6261 NW 6 WAY SUITE 103 FT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name EXCLUSIVE PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 1280 S.W. 36TH AVE. # 301 City POMPANO BEACH FL Zip Code 33069			
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 <u>Christine Ryan, Pres.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>8-25-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME IMBERMAN, SCOTT STREET ADDRESS 10693 NW 48TH STREET CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000135960510 09/16/08--01012--009 **61.25		
TITLE SD NAME SHAPIRO, HELAINE STREET ADDRESS 10625 N.W. 47TH COURT CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME MILLER-SHOOR, JILL STREET ADDRESS 10622 N.W. 48TH STREET CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME BERNARD, MARCIA STREET ADDRESS 10726 N.W. 48TH STREET CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME MEDNICK, GARY STREET ADDRESS 10645 N.W. 47TH STREET CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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.							
SIGNATURE: <u>Scott Imberman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>9-9-08</u> Daytime Phone # <u>84-695-4907</u>			