


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90067 006 ****61.25

DOCUMENT # N93000005184					
1. Entity Name CLASSICS AT KENSINGTON I HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1280 S.W. 36TH AVE. SUITE 301 POMPANO BEACH, FL 33069 US			Mailing Address 1280 S.W. 36TH AVE. SUITE 301 POMPANO BEACH, FL 33069 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0441077				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 BAKALAR & EICHNER, P.A. 150 S PINE ISLAND RD STE 540 PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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. 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>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME LEBRON, CARLOS		TITLE PD	NAME RICE, DAVID	
STREET ADDRESS 5445 NW 106TH DR	CITY-ST-ZIP CORAL SPRINGS, FL 33076		STREET ADDRESS 5532 N.W. 106 DR.	CITY-ST-ZIP CORAL SPRINGS - FL - 33076	
TITLE TD	NAME AMOLS, JACK		TITLE TD	NAME AMOIS, JACK	
STREET ADDRESS 5550 N.W. 106 DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33076		STREET ADDRESS 5550 N.W. 106 DR.	CITY-ST-ZIP CORAL SPRINGS - FL - 33076	
TITLE VPD	NAME ENGLISH, BRYAN		TITLE 	NAME 	
STREET ADDRESS 5319 NW 106 DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33076		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME ALLEN, TONY		TITLE 	NAME 	
STREET ADDRESS 5241 NW 106TH DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33076		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME OSCAR, SANDI		TITLE 	NAME 	
STREET ADDRESS 5593 NW 106 DR	CITY-ST-ZIP CORAL SPRINGS, FL 33076		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME RICE, DAVID		TITLE D	NAME RANDLEY, LOIS	
STREET ADDRESS 5532 NW 106 DR	CITY-ST-ZIP CORAL SPRINGS, FL 33076		STREET ADDRESS 5367 N.W. 106 DR.	CITY-ST-ZIP CORAL SPRINGS, FL - 33076	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					