

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Secretary of State
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001212 (9)

KENSINGTON GREEN HOMEOWNERS ASSOCIATION, INC.

FILED

95 FEB 28 AM 4:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
3901 S.W. 47TH AVENUE
SUITE 408
FT. LAUDERDALE FL 33314

Mailing Address
3901 S.W. 47TH AVENUE
SUITE 408
FT. LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/07/1994	3a. Date of Last Report
4. FEI Number 65-0540568	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**SPEAR, DAVID A
3901 S.W. 47TH AVE.
SUITE 408
FT. LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	12 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	13 STREET ADDRESS	
TITLE	NAME	14 CITY - ST - ZIP	
STREET ADDRESS	STREET ADDRESS	21 TITLE	☐ Change ☐ Addition
CITY - ST - ZIP	CITY - ST - ZIP	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	24 CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP	31 TITLE	☐ Change ☐ Addition
TITLE	NAME	32 NAME	
STREET ADDRESS	STREET ADDRESS	33 STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	42 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	43 STREET ADDRESS	
TITLE	NAME	44 CITY - ST - ZIP	
STREET ADDRESS	STREET ADDRESS	51 TITLE	☐ Change ☐ Addition
CITY - ST - ZIP	CITY - ST - ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	54 CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP	61 TITLE	☐ Change ☐ Addition
TITLE	NAME	62 NAME	
STREET ADDRESS	STREET ADDRESS	63 STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its predecessor or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Sec. 2/23/95 (305) 581-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR