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Mar 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001212 (9)

1. Corporation Name

KENSINGTON GREEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SUMMIT PROPERTY MANAGEMENT  
P. O. BOX 189013  
PLANTATION FL 33313  
US

P. O. BOX 189013  
SUITE 408  
PLANTATION FL 33318-9013  
US

3. Date Incorporated or Qualified  
03/07/1994

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business c/o Miami

2a. Mailing Address c/o Miami

21 Management, Inc.  
Suite, Apt. #, etc. 1189 Sawgrass

26 Management, Inc.  
Suite, Apt. #, etc. 1189 Sawgrass

4. FEI Number  
65-0540568

Applied For  
Not Applicable

22 Corporate Parkway  
City & State

27 Corporate Parkway  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Sunrise, FL

28 Sunrise, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33323 25 USA

29 33323 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPEAR, JEFFREY N	
STREET ADDRESS	3901 S.W. 47TH AVE. #408	
CITY - ST - ZIP	FT. LAUDERDALE FL 33314	
TITLE	STVD	<input type="checkbox"/> DELETE
NAME	SPEAR, DAVID A	
STREET ADDRESS	3901 S.W. 47TH AVE. #408	
CITY - ST - ZIP	FT. LAUDERDALE FL 33314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEAR, WILLIAM	
STREET ADDRESS	3901 SW 47TH AVENUE, #408	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SPEAR, DAVID A. 2/24/97

(954)581-9000

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone # 0036703

CR2E037 (9/96)