

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001212

1. Entity Name

KENSINGTON GREEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1189 SAWGRASS CORPORATE PKWY  
P. O. BOX 189013  
SUNRISE FL 33323  
US

Mailing Address

1189 SAWGRASS CORPORATE PKWY  
SUITE 408  
SUNRISE FL 33323-2847  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0540568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIAMI MANAGEMENT INCORPORATED  
1189 SAWGRASS CORP. PARKWAY  
SUNRISE FL 33323

Name Collector of Florida, Inc. BEATR FAIRBANKS  
Street Address (P.O. Box Number is Not Acceptable)  
PO Box 644  
13950 105<sup>th</sup> ST.  
City Fellsmere FL Zip Code 33448

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAIR, RONALD L. 11172 NW 46TH DRIVE CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIDIA, ROBERT 11043 NW 46TH DRIVE CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDOWELL, ED 11045 NE 46TH DRIVE CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAEMMERLE, CARL H. 11230 NW 46TH DRIVE CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Booth, Dennis 11145 NW 46th Drive Coral Springs, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:

RONALD MCNAIR 2/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90118 033 \*\*\*\*61.25

AUG 30 2000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)