

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90186 014 \*\*\*\*61.25

**DOCUMENT # N94000001212**

1. Entity Name

**.KENSINGTON GREEN HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

**1189 SAWGRASS CORPORATE PKWY  
SUITE 408  
SUNRISE FL 33323  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0540568**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COLLECTOL OF FLORIDA, INC.  
% BERTA FAIRBANK  
13950 -105TH ST  
FELLSMERE FL 32948**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

*Berta Fairbank*

**3/1/02**

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	D	<input checked="" type="checkbox"/> Delete
NAME	MCNAIR, RONALD L.	
STREET ADDRESS	11172 NW 46TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIDIA, ROBERT	
STREET ADDRESS	11043 NW 46TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAEMMERLE, CARL H.	
STREET ADDRESS	11230 NW 46TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DEMARCO, DEBORAH	
STREET ADDRESS	11290 NORTHWEST 46TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TAEPKDEE, BONNIE	
STREET ADDRESS	11103 NORTHWEST 46TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward McDowell	
STREET ADDRESS	11045 NW 46 Dr.	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karl Waddell	
STREET ADDRESS	11184 NW 46 Dr.	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Karl Waddell* **KARL WADDELL**

**2/7/02**

**954-846-7545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)