2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

N	Mar 22, 2004 8:00 an Secretary of State
	03-22-2004 90045 020 ****61.25

DOCUMENT # N94000001212 KENSINGTON GREEN HOMEOWNERS ASSOCIATION, Principal Place of Business Maiting Address 94033231 1189 SAWGRASS CORPORATE PKWY -1189 SAWGRASS CORPORATE PKWY P. O. BOX 189013 SHITE 408 SUNRISE, FL 33323 SUNRISE, FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192004 CR2E037 (10/03) Applied For City & State City & State 65-0540568 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLECTOL OF FLORIDA, INC. % BERTA FAIRBANK Street Address (P.O. Box Number is Not Acceptable) 13950 -105TH ST FELLSMERE, FL 32948 Zip Code Fi 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 Signature, typed or printed name of registered agent and title Lapplicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 rust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete Addition Change TITLE TITLE TAEPAKDEE BONNIE WADDELL, KARL NAME AMF STREET ADDRESS 11184 NW 46 DR STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-7IP CORALSPRINGS, FL CITY-ST-ZIP Addition Delete TITLE VP ☐ Change TITLE HAEMMERLE, CARL H. DADD ROY 10836 NW 46 DRIVE NAME NAME 11230 NW 46TH DRIVE STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33076 CORALSPRINGS, FL 33076 CITY-ST-ZIP CITY-ST-ZIP SD Delete TITLE ☐ Change **Addition** TAEPAKDEE, BONNIE MICHAELJACOBSON NAME NAME 11185 NW 46 DRIVE STREET ADDRESS 11103 NORTHWEST 46TH DRIVE STREET ADDRESS CITY-ST-7IP CORAL SPRINGS, FL 33076 CITY-ST-ZIP CORAL SPRINGS, FL 33046 M Delete Addition TITLE TITLE PRAMSHAFER LINDA 11900 NW 46 DRIVE PRAMSHAFER, LINDA NAME NAME 1120 NW 46 DR. STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33076 CORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ✓ Addition TITLE TITLE MCNAIR CHRISTINA 11172 NW 46 BRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORALSPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP

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 instead 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 the information indicated on 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 the information indicated on 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 the information indicated on 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 the information indicated on the receiver of the corporation of the receiver of the corporation of the receiver of the receiver

SIGNATURE: .

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date