

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90035 021 ****61.25

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1. Entity Name
KENSINGTON GREEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1145 SAWGRASS CORPORATE PKWY
P. O. BOX 189013
SUNRISE, FL 33323 US**

Mailing Address
**C/O SWIFT MANAGEMENT SOLUTIONS INC
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 US**

50015830



2. Principal Place of Business

**1750 University Dr
Suite, Apt. #, etc.
1205**

3. Mailing Address

Suite, Apt. #, etc.

01302005 Chg-NP CR2E037 (10/03)

City & State

Coral Springs FL

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

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

7. Name and Address of New Registered Agent

Name **SWIFT Management Solutions**
Street Address (P.O. Box Number is Not Acceptable)
1750 University Dr #205
City **Coral Springs FL** Zip Code **33071**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TAEPAKDEE, BONNIE	
STREET ADDRESS	11103 NW 46 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DADD, ROY	
STREET ADDRESS	10836 NW 46 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACOBSON, MICHAEL	
STREET ADDRESS	11185 NW 46 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRAMSHAFFER, LINDA	
STREET ADDRESS	11200 NW 46 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNAIR, CHRISTINA	
STREET ADDRESS	11172 NW 46 DRIVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05 9543416346