

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001212

1. Entity Name
**KENSINGTON GREEN HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business

**1750 UNIVERSITY DR
#205
CORAL SPRINGS, FL 33071 US**

Mailing Address

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



01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR
#205
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000447920
03/08/06-80076-020 61.25

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

2/23/02 9543416346