


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90065 025 ****61.25

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
--	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
---	--	---	--

SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071		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. 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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE SECRETARY	NAME TAEPKDEE, BONNIE	<input type="checkbox"/> Delete		TITLE Robert Didia Director	NAME 11043 N.W. 46 Dr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 11103 NW 46 DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33076			STREET ADDRESS Coral Springs FL 33076	CITY-ST-ZIP		
TITLE VPR PRESIDENT	NAME DADD, ROY	<input type="checkbox"/> Delete		TITLE President	NAME ROY DADD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10836 NW 46 DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33076			STREET ADDRESS 10836 N.W. 46D	CITY-ST-ZIP Coral Springs FL 33076		
TITLE TREASURER	NAME JACOBSON, MICHAEL	<input type="checkbox"/> Delete		TITLE SECRETARY	NAME BONNIE TAEPKDEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11185 NW 46 DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33076			STREET ADDRESS 11103 46 Dr	CITY-ST-ZIP Coral Springs FL 33076		
TITLE T	NAME PRAMSHAFFER, LINDA	<input checked="" type="checkbox"/> Delete		TITLE Treasurer	NAME Michael Jacobson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11200 NW 46 DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33076			STREET ADDRESS 11185 N.W. 46 Dr	CITY-ST-ZIP Coral Springs FL 33076		
TITLE D	NAME MCNAIR, CHRISTINA	<input checked="" type="checkbox"/> Delete		TITLE Director	NAME Doreen Lam	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 11172 NW 46 DRIVE	CITY-ST-ZIP POMPANO BEACH, FL 33076			STREET ADDRESS 11278 N.W. 46 DR	CITY-ST-ZIP Coral Springs FL 33076		
TITLE Director	NAME Doreen Lam	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11278 N.W. 46 Dr	CITY-ST-ZIP Coral Springs FL 33076			STREET ADDRESS	CITY-ST-ZIP		

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]* **2/8-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #