

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90960 045 \*\*\*\*61.25

**DOCUMENT # N94000001212**

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



Principal Place of Business  
**1189 SAWGRASS CORPORATE PKWY  
P. O. BOX 189013  
SUNRISE FL 33323  
US**

Mailing Address  
**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. 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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
TITLE  
NAME  
MCDOWELL, EDWARD  
STREET ADDRESS  
11045 NW 46 DR  
CITY-ST-ZIP  
CORAL SPRINGS FL 33076 ☒ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
TITLE  
NAME  
WADDELL, KARL  
STREET ADDRESS  
11184 NW 46 DR  
CITY-ST-ZIP  
CORAL SPRINGS FL 33076 ☐ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
TITLE  
NAME  
HAEMMERLE, CARL H.  
STREET ADDRESS  
11230 NW 46TH DRIVE  
CITY-ST-ZIP  
CORAL SPRINGS FL 33076 ☐ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DS  
TITLE  
NAME  
TAEPAKDEE, BONNIE  
STREET ADDRESS  
11103 NORTHWEST 46TH DRIVE  
CITY-ST-ZIP  
CORAL SPRINGS FL 33076 ☐ Delete

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D  
Taepakdee, Bonnie  
11103 NW 46 Dr. Coral Springs, FL 33076**

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Linda Pramshofer  
11200 NW 46 Dr. Coral Springs, FL 33076**

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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: **REQUIRED**

**2/27/03**

CR2E037 (10/02)