

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90369 040 \*\*\*\*61.25

**DOCUMENT # N94000005914**

1. Entity Name

**KENSINGTON AT PALM BEACH POLO HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

12785-C FOREST HILL BLVD  
 WELLINGTON MANAGEMENT INC  
 WEST PALM BEACH FL 33414

12785-C FOREST HILL BLVD  
 C/O WELLINGTON MANAGEMENT INC  
 WEST PALM BEACH FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0562077**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWSOME, JOHN**  
**12785-C FOREST HILL BLVD**  
**WELLINGTON FL 33414**

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DP**  Delete  
 NAME: **KHOURY, JULIE**  
 STREET ADDRESS: **2666 SHELTONS HAM DR**  
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: **D**  Change  Addition  
 NAME: **Sled, Tom**  
 STREET ADDRESS: **2715 Sheltingham Dr.**  
 CITY-ST-ZIP: **Wellington, FL 33414**

TITLE: **DVP**  Delete  
 NAME: **D'AMELIO, FRANK**  
 STREET ADDRESS: **2659 SHELTINGHAM DR**  
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: **FRANK**  Change  Addition  
 NAME: **FRANK**  
 STREET ADDRESS: **FRANK**  
 CITY-ST-ZIP: **FRANK**

TITLE: **DST**  Delete  
 NAME: **FIREMAN, NORMA**  
 STREET ADDRESS: **2690 SHELTINGHAM DR.**  
 CITY-ST-ZIP: **WELLINGTON FL 33414**

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
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 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
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 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

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 REPAIRED AMELIO**

**4/9/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)