

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005182 (8)

1. Corporation Name

THE HAMLET AT KENSINGTON CONDOMINIUM ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

% 600 FIFTH AVENUE SOUTH
SUITE 207
NAPLES FL 34102

% 600 FIFTH AVENUE SOUTH
SUITE 207
NAPLES FL 34102

3. Date Incorporated or Qualified

10/09/1996

4. FEI Number

59-3415289

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUGGER, CAROL R
600 FIFTH AVENUE SOUTH
SUITE 207
NAPLES FL 34102

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUGGER, JOHN N	
STREET ADDRESS	600 FIFTH AVENUE SOUTH, SUITE 207	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUBOIS, DONALD	
STREET ADDRESS	3270 HAMLET DRIVE, #1	
CITY-ST-ZIP	NAPLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STER, ERIC	
STREET ADDRESS	600 FIFTH AVENUE SOUTH, SUITE 207	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE	PR BURGER, JOHN N.	<input type="checkbox"/> DELETE
NAME	BURGER, JOHN N.	
STREET ADDRESS	600 FIFTH AVENUE SOUTH, SUITE 207	
CITY-ST-ZIP	NAPLES FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	STER, ERIC	
STREET ADDRESS	600 FIFTH AVENUE SOUTH, SUITE 207	
CITY-ST-ZIP	NAPLES FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John N. Brugger, as its President

(941) 263-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)