

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90295 029 ****61.25

DOCUMENT # N96000005182

1. Entity Name

THE HAMLET AT KENSINGTON CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

~~600 FIFTH AVENUE SOUTH~~
~~SUITE 207~~
~~NAPLES FL 34102~~

~~600 FIFTH AVENUE SOUTH~~
~~SUITE 207~~
~~NAPLES FL 34102~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Is Newell Property Mgmt c/o Newell Property Mgmt
4148A Corporate Square
Suite, Apt. #, etc.
City & State
Naples FL
Zip
34104
Country
USA

3. Mailing Address

Is Newell Property Mgmt c/o Newell Property Mgmt
4148A Corporate Square
Suite, Apt. #, etc.
City & State
Naples FL
Zip
34104
Country
USA

4. FEI Number	59-3415289	Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			

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

Name
William A Newell
Street Address (P.O. Box Number is Not Acceptable)
4148A Corporate Square
City
Naples
FL
Zip Code
34104

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUGGER, JOHN N	
STREET ADDRESS	600 FIFTH AVENUE SOUTH, SUITE 207	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUBOIS, DONALD	
STREET ADDRESS	3270 HAMLET DRIVE, #1	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STIER, ERIC	
STREET ADDRESS	600 FIFTH AVENUE SOUTH, SUITE 207	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BRUGGER, JOHN N.	
STREET ADDRESS	600 FIFTH AVENUE SOUTH, SUITE 207	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STIER, 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Demos, John	
STREET ADDRESS	3280 Hamlet Drive # 2	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dee, Richard	
STREET ADDRESS	3290 Hamlet Drive # 2	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curtin, Leo	
STREET ADDRESS	3230 Hamlet Drive # 2	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

JOHN DEMOS

3/9/00 941-434-7065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)