

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005182

1. Entity Name

THE HAMLET AT KENSINGTON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% NEWELL PROPERTY MGMT  
4148A CORPORATE SQ  
NAPLES FL 34104  
US

Mailing Address

% NEWELL PROPERTY MGMT  
4148A CORPORATE SQ  
NAPLES FL 34104  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3415289

Applied For

Not Applicable

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

NEWELL, WILLIAM A  
1418A CORPORATE SQ  
NAPLES FL 34104

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	VD	<input type="checkbox"/> Delete
NAME	WAKELIN, FREDERICK	
STREET ADDRESS	3260 HAMLET DRIVE #3	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	SZUSTAK, WILLIAM	
STREET ADDRESS	3290 HAMLET DRIVE #3	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	CURTIN, LEO	
STREET ADDRESS	3230 HAMLET DR 2	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wakelin, Frederick	
STREET ADDRESS	3260 Hamlet Drive # 3	
CITY-ST-ZIP	Naples FL 34105	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Szustak, William	
STREET ADDRESS	3290 Hamlet Drive #3	
CITY-ST-ZIP	Naples FL 34105	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Demaio, John	
STREET ADDRESS	3310 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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

239-436-3559

Date

Daytime Phone #

CR2E037 (9/01)