2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# N96000005182

Entity Name: THE HAMLET AT KENSINGTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

% NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-3415289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WAKELIN, FREDERICK
Address: 3260 HAMLET DRIVE #3
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete
Name: COX, GAIL
Address: 3290 HAMLET DRIVE #2
City-St-Zip: NAPLES, FL 34105

Title: STD ( ) Delete
Name: SZUSTAK, WILLIAM
Address: 3290 HAMLET DRIVE #3
City-St-Zip: NAPLES, FL 34105

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SZUSTAK, WILLIAM
Address: 3290 HAMLET DRIVE #3
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: LEHMAN, LEONARD
Address: 3280 HAMLET DRIVE #1
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Change (X) Addition
Name: CHESTER, GAIL
Address: 3260 HAMLET DRIVE #4
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Change (X) Addition
Name: HINES, EDWARD
Address: 3280 HAMLET DRIVE #2
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SZUSTAK PD 01/11/2005
Electronic Signature of Signing Officer or Director Date