

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005182

FILED
Mar 09, 2007
Secretary of State

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: SZUSTAK, WILLIAM
Address: 3290 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: SD () Delete
Name: LEHMAN, LEONARD
Address: 3280 HAMLET DRIVE #1
City-St-Zip: NAPLES, FL 34105

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: PRITCHARD, TOM
Address: 3300 HAMLET DRIVE #4
City-St-Zip: NAPLES, FL 34105

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/09/2007

Electronic Signature of Signing Officer or Director

Date