


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90001 005 ****61.25

DOCUMENT # N98000001240	
1. Entity Name PARKWOOD AT KENSINGTON HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2800 E COMMERCIAL BLVD STE 208 FORT LAUDERDALE, FL 33308	Mailing Address 2800 E COMMERCIAL BLVD STE 208 FORT LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box # 175 W. Camino Real Suite, Apt. #, etc.	3. Mailing Address 175 W. Camino Real Suite, Apt. #, etc.
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City & State BOCA RATON, FL	City & State BOCA RATON
Zip 33432	Zip 33432
Country U.S.	Country U.S.



09042008 Chg-NP CR2E037 (12/06)


4. FEI Number 65-0859375	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KATZ, ALLEN H. 2800 E. COMMERCIAL BLVD., STE. 208 FORT LAUDERDALE, FL 33308	
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7. Name and Address of New Registered Agent Name Hirsch and company CPAS, INC. Street Address (P.O. Box Number is Not Acceptable) 175 W. Camino Real City BOCA RATON FL Zip Code 33432	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **9/5/08**
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIXON, MANDY 10932 N.W. 56TH COURT CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HASHAM, MURTAZA 10988 N.W. 56TH COURT CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCAPERROTTA, DIANE 5750 N.W. 109TH WAY CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERAS, MAURICE 10918 N.W. 56 COURT CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  MANDY DIXON DATE: **9/5/08** Daytime Phone #: **561 638 6349**
(NOTE: Signature and typed or printed name of signing officer or director)