2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2002 8:00 am secretary of State P00000103320 DOCUMENT # 1. Entity Name 04-23-2002 90379 049 ***158 KENCO COMMUNITIES AT ISLE OF WELLINGTON, INC. Principal Place of Business Mailing Address 1000 CLINT MOORE ROAD #110 1000 CLINT MOORE ROAD #110 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1056618 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINKELSTEIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1000 CLINT MOORE ROAD #110 **BOCA RATON FL 33487** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01 TITLE Change ☐ Addition TITLE ☐ Delete FINKELSTEIN, RICHARD NAME NAME 1000 CLINT MOORE RD. STE 110 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TIT! F ENDELSON, KENNETH M NAME NAME STREET ADDRESS 1000 CLINT MOORE RD, STE 110 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-7IP * Change ☐ Addition Delete TITLE TITLE MATTHEWS-GRAY, JUDY NAME NAME STREET ADDRESS STREET ADDRESS 1000 CLINT MOORE RD., STE 110 CITY-ST-7IE CITY-ST-7IP BOCA RATON FL 33487 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other live empowered. IREJUDY MATTHEWS-GRAY

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition