FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State DOCUMENT # P98000076244 1. Entity Name 04-23-2002 90378 005 ***158 KENCO COMMUNITIES AT GRAND PALM, 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 65-0877832 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPARD, JONATHAN L Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER ROAD SUITE 801 **BOCA RATON FL 33486** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** ☐ Delete TITLE ☐ Change Addition NAME FINKELSTEIN, RICHARD NAME STREET ADDRESS 1000 CLINT MOORE RD., STE 110 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Defete TITLE ■ Addition NAME ENDELSON, KENNETH M NAME STREET ADDRESS 1000 CLINT MOORE RD., STE 110 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MATTHEWS GRAY, JUDY --NAME STREET ADDRESS 1000 CLINT MOORE RD STE 110 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TIT! F Delete TITLE ☐ Change ☐ Addition NAME ! NAME STREET ADDRESS STREET ADDRESS 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 aggress, with all other the empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY MATTHEWS-GRAY

(10/6) CR2E034