

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002813

**FILED**  
**Mar 28, 2013**  
**Secretary of State**  
**CC1303674157**

**Entity Name:** WESTCHESTER AT KENSINGTON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER ROAD #4  
NAPLES, FL 34109

**Current Mailing Address:**

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER ROAD #4  
NAPLES, FL 34109

**FEI Number: 59-3641815**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title PD  
Name MORRIS, BREWSTER  
Address 4952 WESTCHESTER COURT #3904  
City-State-Zip: NAPLES FL 34105

Title VP  
Name MARCHETTA, STEPHEN  
Address 4970 WESTCHESTER COURT #4204  
City-State-Zip: NAPLES FL 34105

Title TD  
Name WILSON, LARRY  
Address 4934 WESTCHESTER COURT #4104  
City-State-Zip: NAPLES FL 34105

Title D  
Name BOSQUET, BRUCE  
Address 4964 WESTCHESTER COURT #4103  
City-State-Zip: NAPLES FL 34105

Title SECRETARY  
Name PAXTON, JOHN  
Address 4970 WESTCHESTER COURT #4202  
City-State-Zip: NAPLES FL 34105

*I hereby 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 all other like empowered.*

**SIGNATURE: BREWSTER MORRIS**

**PRESIDENT**

**03/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date