

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005183

Entity Name: CLASSICS AT KENSINGTON II HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 18, 2014
Secretary of State
CC7622638981**Current Principal Place of Business:**C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201
FT. LAUDERDALE, FL 33309**Current Mailing Address:**C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 WEST CYPRESS CREEK RD. 201
FT. LAUDERDALE, FL 33309 US**FEI Number: 65-0395305****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KATZMAN GARFINKEL & BERGER
5297 W. COPANS RD.
MARGATE, FL 33063 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	P
Name	IMBERMAN, SCOTT
Address	C/O EXCLUSIVE PROPERTY MANAGEMENT 2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title	S
Name	SHAPIRO, HELAINE
Address	C/O EXCLUSIVE PROPERTY MANAGEMENT 2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title	D
Name	MEDNICK, GARY
Address	C/O EXCLUSIVE PROPERTY MANAGEMENT 2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title	VP
Name	MILLER-SCHOOR, JILL M
Address	C/O EXCLUSIVE PROPERTY MANAGEMENT 2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title	T
Name	BERNARD, MARCIA
Address	C/O EXCLUSIVE PROPERTY MANAGEMENT 2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

Title	DIRECTOR
Name	CUOZZO, RALPH
Address	C/O EXCLUSIVE PROPERTY MANAGEMENT 2945 WEST CYPRESS CREEK RD. 201

City-State-Zip: FT. LAUDERDALE FL 33309

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: SCOTT IMBERMAN**PRESIDENT****03/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date