

AMENDED
2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

08-04-2008 90033 047 ***61.25
 N02000000312

DOCUMENT # N02000000312 1. Entity Name KENSINGTON OAKS PROPERTY OWNERS ASSOCIATION, INC.		 FILED 08 AUG 12 PM 3:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2753 FEIFFER CIRCLE SARASOTA, FL 34235		Mailing Address 2753 FEIFFER CIRCLE SARASOTA, FL 34235	
2. Principal Place of Business - No P.O. Box # 2750 FEIFFER CIR		3. Mailing Address P.O. BOX 51681	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34235		Zip 34232	
Country USA		Country USA	
4. FEI Number 03-0422803		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANZER, JOSEPH 2753 FEIFFER CIRCLE SARASOTA, FL 34235		7. Name and Address of New Registered Agent Name DAVID DOLNICK Street Address (P.O. Box Number is Not Acceptable) 2750 FEIFFER CIR. City SARASOTA FL 34235	
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 Signature, typed or printed name of registered agent and title if applicable. DAVID DOLNICK PRESIDENT 8-1-2008 DATE			
Filing Fee is \$81.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZER, JOSEPH 2753 FEIFFER CIRCLE SARASOTA, FL 34235	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID DOLNICK 2750 FEIFFER CIR. SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOLNICK, BARBARA 2750 FEIFFER CIR. SARASOTA, FL 34235	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUNN, JUDY 1522 MELLON WAY SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID DOLNICK		8-1-2008 (941) 365-9158 Daytime Phone #	