2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N02000000312

Entity Name: KENSINGTON OAKS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2750 FEIFFER CIRCLE
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51681
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 03-0422803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOLNICK, DAVID
2750 FEIFFER CIRCLE
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

DOLNICK, DAVID N PRES.
2750 FEIFFER CIRCLE
SARASOTA, FL 34235 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: DAVID N DOLNICK 04/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOLNICK, DAVID
Address: 2750 FEIFFER CIRCLE
City-St-Zip: SARASOTA, FL 34235

Title: S ( ) Delete
Name: DOLNICK, BARBARA
Address: 2750 FEIFFER CIR.
City-St-Zip: SARASOTA, FL 34235

Title: T ( ) Delete
Name: DUNN, JUDY
Address: 1522 MELLON WAY
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DOLNICK, DAVID N PRES
Address: 2750 FEIFFER CIRCLE
City-St-Zip: SARASOTA, FL 34235

Title: S (X) Change ( ) Addition
Name: DOLNICK, BARBARA A
Address: 2750 FEIFFER CIR.
City-St-Zip: SARASOTA, FL 34235

Title: T (X) Change ( ) Addition
Name: SPAGNOLI, LISA J
Address: 2741 FEIFFER CIR.
City-St-Zip: SARASOTA, FL 34235

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA A DOLNICK S 04/08/2009
Electronic Signature of Signing Officer or Director Date