NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-03-2003 90906 047 ****61.25

DOCUMENT # N02000000312

1. Entity Name
Kensington Oaks Property Owners Association

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2717 Feiffer Circle	2737 Feiffer Circle
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34235 Country: USA	Zip: 34235 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0422803 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dawn Baty

Street Address (P.O. Box Number is Not Acceptable)

2737 Feiffer Circle

City: Sarasota FL Zip Code: 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: X Dawn R Baty 2/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Matthew Dennis
STREET ADDRESS	2717 Feiffer Cir.
CITY-ST-ZIP	Sarasota, FL 34235
TITLE	Vice President
NAME	Vikki Soltis
STREET ADDRESS	2726 Feiffer Cir
CITY-ST-ZIP	Sarasota, FL 34235
TITLE	Treasurer
NAME	Dawn Baty
STREET ADDRESS	2737 Feiffer Cir.
CITY-ST-ZIP	Sarasota, FL 34235
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Matthew Dennis, President 1/31/03 (941) 957-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #