2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010372

FILED Apr 26, 2007 Secretary of State

Entity Name: KENSINGTON MANOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1600 WEST COLONIAL DRIVE ORLANDO, FL 32804

Current Mailing Address: New Mailing Address:

P.O. BOX 531010 ORLANDO, FL 32853

FEI Number: 74-3144704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GRAHAM, JESSE E SR.

369 NORTH NEW YORK AVE.
THIRD FLOOR
WINTER PARK, FL 32789 US

HANSON, JACK
1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804 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: JACK HANSON 04/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition Name: BOLANDER, NICHOL Name: BRANN, DAVID Address: 3493 BROMFIELD DRIVE

Address: 151 SOUTHHALL LN STE 200 Address: 3493 BROMFIELD DRIVE City-St-Zip: MAITLAND, FL 32751 City-St-Zip: OCOEE, FL 34761

Title: VD () Delete Title: T/S (X) Change () Addition Name: BOUCHER, BECKY Name: BRUN, AIMEE

Address: 151 SOUTHHALL LN STE 200 Address: 1699 BROMFIELD DRIVE City-St-Zip: MAITLAND, FL 32751 City-St-Zip: OCOEE, FL 34761

Title: STD () Delete Title: D (X) Change () Addition

 Name:
 STEEN, WILLIAM
 Name:
 JOHNSON, LORETTA

 Address:
 151 SOUTHHALL LN STE 200
 Address:
 1667 WHITEFRIAR DRIVE

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:
 OCOEE, FL 34761

 $\label{eq:title:Title:D} {\sf Title:} \qquad {\sf D} \qquad (\) {\sf Change} \ ({\sf X}) \ {\sf Addition}$

Name:Name:CODNER, ANDREAAddress:Address:3411 BROMFIELD DRIVECity-St-Zip:City-St-Zip:OCOEE, FL 34761

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: DAVID BRANN P 04/26/2007