
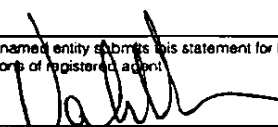
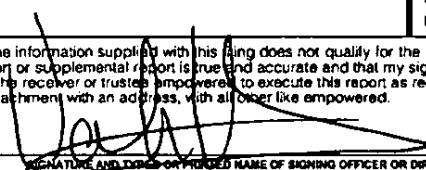


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02-08-2007 90043 015 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N06000000696 1. Entity Name KENTWOOD PARK CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2302 MAKI RD PLANT CITY, FL 33566		Mailing Address 2302 MAKI RD PLANT CITY, FL 33566
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 8359 Beacon Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite # 513	
City & State	City & State Ft Myers FL	
Zip	Country	4. FEI Number 20-5086551
33907	USA	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FIELDSTONE LESTER SHEAR & DENBERG, LLP 201 ALHAMBRA CIR STE 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Robert Mosley Services Taylor Made Current Address (B.O. Box Number & Not Acceptable) 8359 Beacon Blvd Suite 513 Ft. Myers FL 33907
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:  VALERIE VALLEE agent for		DATE: 1-23-07
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		
TITLE: SD NAME: BOHIGAS, JEANETTE STREET ADDRESS: 2302 MAKI RD CITY-ST-ZIP: PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PD NAME: HUBBARD, MICHAEL STREET ADDRESS: 2302 MAKI RD CITY-ST-ZIP: PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Michael Insua STREET ADDRESS: 2302 Maki Rd # 97 CITY-ST-ZIP: Plant City FL 33566
TITLE: TD NAME: PINEIRO, MICKEY STREET ADDRESS: 2302 MAKI RD CITY-ST-ZIP: PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE: Vice President NAME: Daniel Tondre STREET ADDRESS: 2302 Maki Rd # 16 CITY-ST-ZIP: Plant City FL 33566
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: Secretary NAME: John Alepine STREET ADDRESS: 2302 Maki Rd # 3 CITY-ST-ZIP: Plant City FL 33566
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: Treasurer NAME: Erica Bunack # STREET ADDRESS: 2302 Maki Rd 77 CITY-ST-ZIP: Plant City FL 33566
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: Director NAME: Tiffany Lindsey STREET ADDRESS: 2302 Maki Rd # 2 CITY-ST-ZIP: Plant City FL 33566
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: Director NAME: Kimberly Mc Murray STREET ADDRESS: 2302 Maki Rd # 85 CITY-ST-ZIP: Plant City FL 33566
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: 		DATE: 1-23-07 289 936 0412