2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

		_ Secretary or State						
DOCUMENT # N0600000696 1. Entity Name KENTWOOD PARK CONDOMINIUM ASSOCIATION, INC.					C)4-21-2008 90	0081 026 ****61	1.25
Principal Place of Business 2302 MAKI RD PLANT CITY, FL 33566		Mailing Address 8359 BEACON BLVD SUITE # 513 FORT MYERS, FL 33907			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IE 2001 1800 1900 9800 0	13 31 88 8 1 6 8 3	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PROPERTY MC						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022008	Chg-NP	CR2E037 (12/06)	-
City & State		City & State LUTZ FC		4. FEI Number 20-5086551		51	Applied For Not Applicable	
Žìp	Country	33549	uSA		5. 'Certificate of		S8.75 Add	
6. Name and Address of Current Registered Agent					7. Name and Ad	Idress of New Reg	gistered Agent	
	MOSLEY SERVICES TAYLOR CON BLVD	MADE		Address (P.O. Box Number is H/GHL		ATT	
FORT MY	ERS, FL 33907		Obs				75.000	1.
				AM	PA		FL (戈多)	602
the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office	or register	red agent, or both, i	in the State of Florid	da. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sig	nature required	d when reinstating)		DATE	
40	Due by May 1, 2008			1	No IIII May Da	ı mar	ke check bavable t	0
10.		Trust Fund (Contribution.		\$5.00 May Be_ Added to Fees	Florid	la Department of S	tate
TITI C	OFFICERS AND DIF	RECTORS	Contribution.		Added to Fees	Florid	Ia Department of S	l 10
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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 attackment with an address, with all other like empowered.

SIGNATURE: MUHAL D. LIBLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MUHEL D. ILLENA

15 APPUL 2008

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Daytene Phone # Date