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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002506 (4)
1. Corporation Name
KENSINGTON PARK OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**5000 NW 27 CT
SUITE C
GAINESVILLE FL 32606**

**P.O. BOX 147050
SUITE 30
GAINESVILLE FL 32614-7050**

3. Date Incorporated or Qualified: **06/03/1993** 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business 2a. Mailing Address

21 **2830 NW 41st St.** 26

22 **Suite F** 27 Suite, Apt. #, etc.

23 **Gainesville FL** 28 City & State

24 **32606** 25 Country 29 Zip 30 Country

4. FEI Number: **59-3232535** Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**SMITH, BEVERLY K JR.
5000 NW 27 CT.
SUITE C
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

B1 Name: **Beverly K. Smith**

B2 Street Address (P.O. Box Number is Not Acceptable): **2830 N.W. 41st St. # F**

B3

B4 City: **Gainesville** FL B5 Zip Code: **32606**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ARCHER, LINDA	
STREET ADDRESS	5131 NW 48 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEDBETTER, SANDRA	
STREET ADDRESS	5025 NW 51 PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOONS, SCOTT	
STREET ADDRESS	5210 NW 50 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KARHALIOS, STATHE	
STREET ADDRESS	4930 NW 50 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDERSON, BETH	
STREET ADDRESS	5010 NW 50TH TERR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ryngaert, Mary	
1.3 STREET ADDRESS	3520 NW 40 Terr	
1.4 CITY-ST-ZIP	Gainesville, FL 32606	
2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Switt, Doug	
4.3 STREET ADDRESS	5211 NW 50 th Terr	
4.4 CITY-ST-ZIP	Gainesville, FL 32606	
5.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beth Anderson VP/D* 3/27/97

CR2E037 (9/96)