

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002506 (4)
1. Corporation Name
KENSINGTON PARK OWNERS ASSOCIATION, INC.



Principal Place of Business 2830 NW 41ST STREET STE #F GAINESVILLE FL 32606 US	Mailing Address P.O. BOX 147050 SUITE 30 GAINESVILLE FL 32614-7050
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3. Date Incorporated or Qualified
06/03/1993

4. FEI Number
59-3232535

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**SMITH, BEVERLY K JR.
2830 NW 41ST STREET
STE #F
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name Smith, Beverly K.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYNGAERT, MARY	1.2 NAME	
STREET ADDRESS	3520 NW 40TH TERRACE	1.3 STREET ADDRESS	4841 NW 50th Terrace
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	32606
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDBETTER, SANDRA	2.2 NAME	Robell, Susan
STREET ADDRESS	5025 NW 51 PLACE	2.3 STREET ADDRESS	5130 NW 48th Terrace
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONS, SCOTT	3.2 NAME	
STREET ADDRESS	5210 NW 50 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	32606
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DOUG	4.2 NAME	
STREET ADDRESS	5211 NW 50TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	32606
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, BETH	5.2 NAME	Hinze, Maxine
STREET ADDRESS	5010 NW 50TH TERR.	5.3 STREET ADDRESS	5040 NW 50th Terrace
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4841 NW 50th Terrace
1.4 CITY-ST-ZIP	32606
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robell, Susan
2.3 STREET ADDRESS	5130 NW 48th Terrace
2.4 CITY-ST-ZIP	Gainesville, FL 32606
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32606
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32606
5.1 TITLE	SP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hinze, Maxine
5.3 STREET ADDRESS	5040 NW 50th Terrace
5.4 CITY-ST-ZIP	Gainesville, FL 32606
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 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:  4-1-98 352/374-8090

CR2E037 (10/97)