

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90079 045 ****61.25

DOCUMENT # N93000002506
 1. Entity Name
KENSINGTON PARK OWNERS ASSOCIATION, INC.

Principal Place of Business 4400 NW 36TH AVE GAINESVILLE FL 32606 US	Mailing Address 4400 NW 36TH AVE GAINESVILLE FL 32606 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3232535	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	7. Name and Address of New Registered Agent
TRIPPE, PAT 4400 NW 36TH AVE GAINESVILLE FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE STD	NAME MCGLAMRY, JENNIFER	TITLE VPD	NAME McGlamry Jennifer
STREET ADDRESS 5011 NW 51ST PL	CITY-ST-ZIP GAINESVILLE FL 32606	STREET ADDRESS 5011 NW 51ST PL	CITY-ST-ZIP Gainesville, FL 32606
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME BOWERS, BETSY	TITLE Secretary D	NAME Simon Kipers 2 tok
STREET ADDRESS 5227 NW 50 TERR	CITY-ST-ZIP GAINESVILLE FL 32606	STREET ADDRESS 4720 NW 51ST PL	CITY-ST-ZIP Gainesville, FL 32606
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D	NAME CARLSON, REGINA	TITLE Treasurer D	NAME Sandy Lampros
STREET ADDRESS 4810 NW 51 PL	CITY-ST-ZIP GAINESVILLE FL 32606	STREET ADDRESS 5026 NW 50th Terr.	CITY-ST-ZIP Gainesville, FL 32606
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD	NAME ROGGS, CHRISTINE	TITLE PD	NAME Chris Riggs
STREET ADDRESS 5025 NW 51ST PL	CITY-ST-ZIP GAINESVILLE FL 32606	STREET ADDRESS 5025 NW 51ST PL	CITY-ST-ZIP GAINESVILLE, FL 32606
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	NAME CORALES, JANET	TITLE Director	NAME Miguel Corales
STREET ADDRESS 5226 NW 50 TERRACE	CITY-ST-ZIP GAINESVILLE FL 32606	STREET ADDRESS 5226 NW 50th Terrace	CITY-ST-ZIP Gainesville, FL 32606
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 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: SIGNATURE REQUIRED 03-15-02 352-395-5181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/01)