2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N93000002506

KENSINGTON PARK OWNERS ASSOCIATION, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91827 046 ****61.25

						L CON		<u> </u>				
Principal Place of Business 4400 NW 36TH AVE GAINESVILLE FL 32606 US			4400	Mailing Address 4400 NW 36TH AVE GAINESVILLE FL 32606 US				 	900 HENR BRITT BREEF BREEF	14 80 11 8 11 18 11111 8	£118 1 111 1 25 1	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 59-3232535			pplied For ot Applicable	
Zip	Country			Zìp		Country				\$8.75 Ac	8.75 Additional e Required	
	6Name	red Agent				7. Name and Address of New Registered Agent						
			y			Name						
TRIPPE, PAT						Street Address (P.O. Roy Number is Not Acceptable)					·	
4400 NW 36TH AVE						Street Address (P.O. Box Number is Not Acceptable)						
GAINES\	/ILLE FL 326	506										
						City				Zip Cod	ie .	
						0.1,			P			
		submits this statement fo	r the pur	oose of changing its	register	ed office o	r register	ed agent, or both, in	the State of Florida, 1 a	am familiar with	, and accept	
the obliga	tions of regist	ered agent.										
SIGNATURE	Signature typed	or printed name of registered agent	and title it an	nlicable (NOTE	Registere	Acent cionat	ute required	when reinstating)	DAT			
	angironare, typeo	or printed reality of registered agent	and ood ii ap	T	. Hogistoro	a rigerit signat		whom to it stating)				
					mpaign Financing Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.		OFFICERS AND DIF	RECTORS	<u> </u>	11.			ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS	J 10	
TITLE	VPD		20.01.0	Delete	TITLE		75			Change	Addition	
NAME		Y, JENNIFER		Deicit	NAM		Lam	pros, Sand	Ч	AST OLIGINA		
STREET ADDRESS				STRE			Lampros, Sandy 5026 Nw 50th Terrace					
CITY-ST-ZIP	GAINESVILLE FL 32606				CITY	-ST-ZIP	Gair	resville, FL 3	2100la			
TITLE	SD			Delete	TITLE		D	REAL TIME, TO U		hange	Addition	
NAME	KIPERSZTOL, SIMON				NAM	ME Bilak, Myron						
STREET ADDRESS	The second secon					TREET ADDRESS 5131=NW 50 Terrace						
CITY-ST-ZIP	GAINESVIL	<u>le fl 32606</u>			CITY	-ST-ZIP	Gai	nesville, F	32606			
TITLE	TD			Delete	TITLE		TD			hange	Addition	
NAME	LAMPROS,				NAM		0612	ich, Rosema	ary	• -		
STREET ADDRESS		SOTH TERRACE				ET ADDRESS	-	O NWEOTO				
CITY-ST-ZIP		LE FL 32606			CITY	ST-ZIP		nesuille,	M 32006			
TITLE	PD	IDIA		Delete	TITLE		SD			Change Change	Addition	
NAME	RIGGS, CH				NAME		Coro	ules, migue	LQ.	•		
STREET ADDRESS	5025 NW !				1	ET ADDRESS	\$ 320	an in soter	vace			
CITY-ST-ZIP	 	LE FL 32606					Carr	esville, Fr	321000			
TITLE	CODALES	Michel		Delete	TITLE		VPD	nder, Lune	1.	Change	Addition	
NAME STREET ADDRESS	CORALES,				NAM	ET ADDRESS		nder, were NW 51st F				
CITY-ST-ZIP		50 TERRACE LE FL 32606				-ST-ZIP						
	CHINEDAIL	TC LF 25000					Diff	nesville, F	13000	[] Character	[] A = #1x1 =	
TITLE NAME	1	•		Delete	TITLE	1				☐ Change	Addition	
STREET ADDRESS	1				•	: Et address					ļ	
CITY-ST-ZIP	[ST-ZIP					Į	
	J	information supplied with	this Filler		****			otion 110 07/0V/). Fig				

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:

03-12-03

Daytime Phone #