

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9400000961

1. Corporation Name

KENSINGTON AT TAMPA PALMS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 16101 COMPTON DR TAMPA FL 33647 US Mailing Address

16101 COMPTON DR TAMPA FL 33647

US

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90181 009 ****61.25

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						i					
2. Principal F	lace of Business 2a. Mailing Address 26				3. Date Incorp. 02/24/19:	orated or Qualifed					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			-		4. FEI Number			A	oplied For
22					- 		59-32596	38		N	ot Applicable
City & State Ci		City & State	City & State			5. Certificate of Status Desired				\$8.75 Additional Fee Required	
Zip	Country	Zip	Со	untry			6. Election Car	npaign Financing		\$5.00	May Be
24	25	29	30			İ	Trust Fund				:o Fees
	9. Name and Address of Currer	it Registered Agent		T^{-}			10. Name and	Address of New I	Registered	Agent	
				81	Name						
MEZED C	MEZER, STEVEN H				Street 4	ddree	e (D O Box Num	ber is Not Accept	able)		
1212 CO				82	Suberr	idul 65	s (F.O. BOX NUII	ioei is ivui Accepti	abic;		
SUITE B	UNI 31			83							
	ATED EL MARIE										
CLEARWA	ATER FL 34616-			84	City				FL	85 Zip	Code
44	t to the provisions of Sections 617.050	2 and 617 1509 Elected State	toe the	2004	a-namad (OCDOES	tion submite this	statement for the			
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617.0503, Fi	authorize orida Sta	d by tutes	the corpo	'ation'	s board of direct	ors. I hereby acce	pt the appoi	ntment as r	egistered
	Signature, typed or printed rame of registered age	·			t signature re	wired w	hen reinstating)	CHANGES TO OF	DATE OF AN	ID DIRECTI	DS IN 12
12.		D DIRECTORS	13			<u> </u>	AUDIT ONS/	CHANGES TO OF	FICERS AI	Change	Addition
TITLE	D	☐ DELETE		TILE	Ι,	r Markar	AEL ESP	んしてい		Clanda	Ma vodinou
NAME	LOYD, DOUGLAS		I -	NAME			RENWICK	CIPCIE			
STREET ADDRESS	į.		1.3 \$	TREET							
CITY-ST-ZIP	TAMPA FL			:TY- <u>\$</u>	r-zip *	TAM	1PA, FL	33641			
TITLE	DP	▼ DELETE	2.11	IILE	I.	12				Change	Addition
NAME	WENNIK, KEITH		2.21	MAME		MID	o schmit	L MORIE			
STREET ADDRESS	6431 RENWICK CR		2.3 \$	STREET	ADDRESS [6410	REMINIC				
CITY-ST-ZIP	TAMPA FL		2. 4	CITY-S	T-ZIP	TAM	IPA, FL	33647	<u> </u>		
TITLE	DVP	☐ DELETE	3.11	TILE]-	7				Change	X Addition
NAME	DECONTI, RONALD C MD		3.21	AME	ļ	المسارا	RE CARLS	EN	_		
STREET ADDRESS	6408 RENWICK CR		3.3 5	STREET	ADDRESS	643°	4 RENWI	UK CIRCL	૯		
CITY-ST-ZIP	TAMPA FL		3.4.	CITY-S		TAN	IPA FL	33647			
TITLE	DS	⊠ DELETE	4.11	TTLE						Change	Addition
NAME	HUNTER, KEVIN		4.2	NAME	1						
STREET ADDRESS			4.3 8	TREET	ADDRESS						
CITY-ST-ZIP	TAMPA FL		4.4 (CITY-S	T-ZIP				_		
TITLE	DT	⊠ DELETE	_	ITLE	1					Change	Addition
NAME	BALL, CALVIN		5.21	VAME							
STREET ADDRESS	A 400 BELINDIA 00		5.3 5	TREET	ADDRESS						
CITY-ST-ZIP	TAMPA FL		5.4 (CITY-S	T-ZIP						
TITLE	P	⊠ DELETE	6.1	MLE						Change	Addition
NAME	METZGER, NANCY	-	6.21	AME						_	
	1 mm. n. n. m.	_	6.3 5	TREE	ADDRESS						
STREET ADDRESS	1			\$ 5							
CITY-ST-ZIP	TAMPA EL-33647	/ /	9,41	yr 1 - 2	1-21						

14. I heret y 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 supplier 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 deporation on 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 changes of on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

313-974-3430