

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

0086564

DOCUMENT # N94000000961

1. Entity Name

**KENSINGTON AT TAMPA PALMS HOMEOWNER'S ASSOCIATIO**

03-07-2001 90621 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

16101 COMPTON DR  
TAMPA FL 33647  
US

16101 COMPTON DR  
TAMPA FL 33647  
US

001200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3259638

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEZER, STEVEN H  
1212 COURT ST  
SUITE B  
CLEARWATER FL 33756

P.O. Box 313  
220 S. Franklin St.  
Tampa, FL 33601

Name: **Steven H. Mezer Esquire**

Street Address (P.O. Box Number is Not Acceptable):  
**220 S. Franklin Street**

City: **Tampa** FL Zip Code: **33602**

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

Signature, typed or printed name of registered agent and fee if applicable.

**STEVEN H. MEZER**

(NOTE: Registered Agent signature required when reinstating)

**3/2/01**  
DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  Delete  
NAME: **LOYD, DOUGLAS**  
STREET ADDRESS: **15701 CHESTON COURT**  
CITY-ST-ZIP: **TAMPA FL**

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE: **D**  Delete  
NAME: **SCHMITZ, WIDO**  
STREET ADDRESS: **6410 RENWICK CIRCLE**  
CITY-ST-ZIP: **TAMPA FL 33647**

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE: **DVP**  Delete  
NAME: **DECONTI, RONALD C MD**  
STREET ADDRESS: **6408 RENWICK CR**  
CITY-ST-ZIP: **TAMPA FL**

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE: **P**  Delete  
NAME: **ESPOSITO, MICHAEL**  
STREET ADDRESS: **6411 RENWICK CIRCLE**  
CITY-ST-ZIP: **TAMPA FL 33647**

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Delete

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Delete

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/01**  
Date

Daytime Phone #

CR2E037 (10/00)