
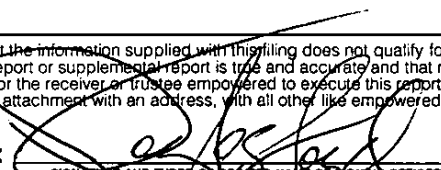


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90107 021 \*\*\*\*61.25

<b>DOCUMENT # N94000000961</b>							
1. Entity Name KENSINGTON AT TAMPA PALMS HOMEOWNER'S ASSOCIATION, INC.							
Principal Place of Business 16101 COMPTON DR TAMPA, FL 33647 US			Mailing Address 16105 N. FLORIDA STE A LUTZ, FL 33549 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3259638	Applied For Not Applicable		
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
MEZER, STEVEN 220 S. FRANKLIN ST TAMPA, FL 33602			7. Name and Address of New Registered Agent				
			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOYD, DOUGLAS		NAME				
STREET ADDRESS	16105 N. FLORIDA #A		STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHMITZ, WIDO		NAME				
STREET ADDRESS	16105 N. FLORIDA #A		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33549		CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DECONTI, RONALD C MD		NAME				
STREET ADDRESS	16105 N. FLORIDA #A		STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SINDHU, KOTWANI		NAME				
STREET ADDRESS	16105 N. FLORIDA #A		STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FORD, RONALD		NAME	JEAN MACDONALD			
STREET ADDRESS	16105 N. FLORIDA #A		STREET ADDRESS	16105 N. FLORIDA #A			
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ, FL 33549			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 2/20/06		Daytime Phone #: 813-972-3430		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Douglas Lloyd - TREAS.							