


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90136 022 ****61.25

DOCUMENT # N94000000961					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEZER, STEVEN 220 S. FRANKLIN ST TAMPA, FL 33602				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>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" 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	PD	<input checked="" 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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONALD, SEAN		NAME	James Soley	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	METZGER, NANCY	
STREET ADDRESS			STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP			CITY-ST-ZIP	LUTZ, FL 33549	
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: _____		DOUGLAS LOYD		3/9/07 8139685665	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	