

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N94000000961

**Entity Name:** KENSINGTON AT TAMPA PALMS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1207 N. HIMES AVE.  
SUITE 3  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

1207 N. HIMES AVE.  
SUITE 3  
TAMPA, FL 33607 US

**New Mailing Address:**

**FEI Number:** 59-3259638      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEZER, STEVEN  
220 S. FRANKLIN ST  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: TOLSON, KEITH  
Address: 6411 RENWICK CIRCLE  
City-St-Zip: TAMPA, FL 33647

Title: PD ( ) Delete  
Name: NANCY, METZER  
Address: 6436 RENWICK CIRCLE  
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete  
Name: SINDHU, KOTWANI  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete  
Name: SOLEY, JAMES  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: WASSERMAN, SANDIA  
Address: 6427 RENWICK CIRCLE  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: BUTLER, JUDY  
Address: 6432 RENWICK CIRCLE  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY METZER

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date