

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000961

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

**FILED**  
**Apr 10, 2023**  
**Secretary of State**  
**0422892587CC**

**Current Principal Place of Business:**

7709 GIBSONTON DR.  
GIBSONTON, FL 33534

**Current Mailing Address:**

P.O BOX 2878  
RIVERVIEW, FL 33568 US

**FEI Number: 59-3259638**

**Certificate of Status Desired: No**

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

KRUG, DAVID  
7709 GIBSONTON DR.  
GIBSONTON, FL 33534 US

*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: DAVID KRUG**

**04/10/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name METZGER, NANCY  
Address 6436 RENWICK CIRCLE  
City-State-Zip: TAMPA FL 33647

Title MANAGER  
Name MALLORY, CORINNE  
Address P.O BOX 2878  
City-State-Zip: RIVERVIEW FL 33568

Title DIRECTOR  
Name STURDEVANT, TINA  
Address 6436 RENWICK CIRCLE  
City-State-Zip: DOVER FL 33647

Title VP  
Name PEREZ, AMY  
Address 15704 CHESTON CT  
City-State-Zip: TAMPA FL 33647

Title TREASURER  
Name TOLSEN, JAMES  
Address 6411 RENWICK CIRCLE  
City-State-Zip: TAMPA FL 33647

Title PRESIDENT  
Name BOLTON, JORDAN  
Address 6454 RENWICK CR  
City-State-Zip: TAMPA FL 33647

*I hereby 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 all other like empowered.*

**SIGNATURE: MALLORY CORINNE**

**MANAGER**

**04/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date