

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704682

FILED
Feb 10, 2009
Secretary of State

Entity Name: KENSINGTON PARK CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

3594 27TH PKWY
SARASOTA, FL 34235

New Principal Place of Business:

4147 TEE ROAD
SARASOTA, FL 34235

Current Mailing Address:

P.O. BOX 52574
SARASOTA, FL 342320321

New Mailing Address:

FEI Number: 59-2344363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFF, JAMES E
3594 27TH PKWY
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

JONES, KATHLEEN E
4147 TEE ROAD
SARASOTA, FL 34235 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: KATHLEEN E JONES

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUFF, JAMES E
Address: 3594 27TH PKWY
City-St-Zip: SARASOTA, FL 34235

Title: VD () Delete
Name: PORTO, JANICE
Address: 4163 TEE CIRCLE
City-St-Zip: SARASOTA, FL 34235

Title: TD () Delete
Name: DUFF, NAOMI
Address: 3594 27TH PKWY
City-St-Zip: SARASOTA, FL 34235

Title: SD () Delete
Name: KRUSHANSKI, JOAN
Address: 3505 PRUDENCE DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: VD2 () Delete
Name: JONES, KATHY
Address: 4147 TEE ROAD
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, KATHLEEN E
Address: 4147 TEE ROAD
City-St-Zip: SARASOTA, FL 34235

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

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

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

Title: VD2 (X) Change () Addition
Name: BILLINGTON, ARTHUR
Address: 3400 BARSTOW STREET
City-St-Zip: SARASOTA, FL 34235

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: KATHLEEN E JONES

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date