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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732718** (2)

1. Corporation Name

KENSINGTON CIVIC ASSOCIATION, INC.

Principal Place of Business

**1905 HUNTER LN
BRANDON FL 33511**

Mailing Address

**P.O. BOX 631
MANGO FL 33550-0631**



3. Date Incorporated or Qualified
05/09/1975

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1647866

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**EISENHARD, RICHARD J
1614 BURNING TREE LN
BRANDON FL 33510**

10. Name and Address of New Registered Agent

81 Name **Keibler Lynn**
82 Street Address (P.O. Box Number is Not Acceptable)
1908 Redfox LN
83
84 City **Brandon** FL 85 Zip Code **33510**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Lynn Keibler*
Signature, typed or printed name of registered agent and title if applicable

Lynn Keibler
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EISENHARD, RICHARD J	
STREET ADDRESS	1614 BURNING TREE LN	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARBOUR, BRENT	
STREET ADDRESS	1603 DOGWOOD LN	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEIBLER, LYNN	
STREET ADDRESS	1908 RED FOX LN	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COMBEE, TRACY	
STREET ADDRESS	1911 RED FOX LN	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Keibler, Lynn
3.3 STREET ADDRESS	1908 Red Fox Lane
3.4 CITY-ST-ZIP	Brandon, FL 33510
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CARL JARRETT
5.3 STREET ADDRESS	1914 Redfox Lane
5.4 CITY-ST-ZIP	Brandon, FL 33510
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVID Held
6.3 STREET ADDRESS	1602 Dogwood Lane
6.4 CITY-ST-ZIP	Brandon, FL 33510

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tracy Combee* **REQUIRED** *TD* **4-20/97** **813 684-4347**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0045892

CR2E037 (9/96)