, FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

Kensington



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7327/8

KENSINFTON Civi

Civic Association

Mailing Address

Mailing Address P.O. BOK 631 MANGO

tr 33220-0931

FILED Apr 29, 1999 8:00 am Secretary of State

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is Re	quibon, fr 33510	1 LC 222	30 00-		
	lace of Business	2a. Mailing Address		Date Incorporated or Qualifed	
21		26		5/9/75	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 59 - 1647866	Applied For
22		27		23-104-1800	Not Applicable
City & Stat	e	City & State		5. Certifcate of Status Desired	\$8.75 Additional
23		28			Fee Required
Zip		<u>├</u> ─┐ ' ┌┈	Country -~ □	6. Election Campaign Financing	\$5:00 May Be
24	25	29 3	0	Trust Fund Contribution 10. Name and Address of New Regis	Added to Fees
	9. Name and Address of Current	Registered Agent	81 Name		
				ROLYN KEEBLER	<u></u>
			82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	
			1905	& KED 10K CHEC	
			84 City T	Campon	FL 85 Zip Code
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	Signature, typed or printed name of registered agent a		egistered Agent signature requ		3 1 7 7
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	, , ,	٠	1.2 NAME		
STREET ADDRESS	The state of the s				
CITY-ST-ZIP	BRANDON, R	33210	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	Oice-PRETIDE		2.1 TITLE	-	☐ Change ☐ Addition
NAME			2.2 NAME		4
STREET ADDRESS	NAME CAROLIN M KEEBLER STREET ADDRESS 1908 RED FOX CANE				
CITY-ST-ZIP		33210	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	SERVETARY	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Down HELD		3.2 NAME		
STREET ADDRESS	1602 100000	00 CONC	3.3 STREET ADDRESS		·
CITY-ST-ZIP	BRANDON, E	33210	3.4. CITY-ST-ZIP	•	
TITLE	TREASURER	☐ DELETE	4.1 TITLE		Change Addition
NAME	TRACY COMB	1 2-	4. 2 NAME		
STREET ADDRESS	1911 REATOR		4.3 STREET ADDRESS		}
CITY-ST-ZIP	BRANDON, R	332.10	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/60

813 882-8154

Daytime Phone #

CR2E037 (11/9