2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT #732718 Secretary of State 1. Entity Name KENSINGTON CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 1914 RED FOX LANE P.O. BOX 631 BRANDON, FL 33510 MANGO, FL 33550-0631 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Cho-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-1647866 Applied For Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent CORCORAN, KANDY 1914 RED FOX LANE Street Address (P.O. Box Number is Not Acceptable) BRANDON, FL 33510 Zip Code 5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. IUSIVER SIGNATURE ANOTE A 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete BRE បារា <u>ទ</u> Addition ☐ Change ASHBY, LES Schwalm, Horacio E. NAME NAME 1932 OLD SAVMILL ROAD 1904 Pepperwood PI. STREET ADDRESS STREET ADORESS CITY-ST-ZE BRANDON, FL 33510 CATY-537-72P Brandon, FL 33510 Delete TITLE TITLE Addition Change PORTER, ROBERTA MARIT NAME withman a STREET ADDRESS 1931 OLD SAWMILL ROAD STREET ADDRESS BRANDON, FL 33510 C3TY - ST - 732 CSTY -ST - ZIP Defete **Addition** SEC TITLE TILE 56< ☐ Change SHOWALTER SANDRA FORREST, TARA MAME NAME STREET ADDRESS 1602 SPRING LANE STREET ADDRESS BRANDON, FL 33510 FL 33570 CITY-53-78P DUVIOUS CXTY - ST - ZXP ☐ Delete Change ☐ Addition TITLE CORCORAN, KANDY NAME NAME U000000000424 STREET ADDRESS 1914 RED FOX LANE STREET ADDRESS 01/08/04-80009-004 61.25 CITY-ST-ZIP BRANDON, FL 33510 CITY-ST-ZIP TITLE ☐ Defete MILE ☐ Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP BILE ☐ Defete TITLE ☐ Change ☐ Addition HAME NAME SZERGCA TEERTS SZEROCA TERRIZ CITY - ST - ZIP CITY-SX-78P 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

FILED Jan 08, 2004 08:00 AM