NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90203 044 ****61.25

DOCUMENT # 732718

1. Entity Name
KENSINGTON CIVIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

40081781
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1907 Rambling In.	P.O. Box 2266
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon, FL	City & State: Mango, FL
Zip: 33510 Country: Hillsborough	Zip: 33550 Country: Hillsborough

4. FEI Number: 591647866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kym O'Sullivan

Street Address (P.O. Box Number is Not Acceptable): 1907 Rambling In.

City: Brandon **FL** Zip Code: 33510

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kym O'Sullivan President 4/11/07
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Kym O'Sullivan	NAME	
STREET ADDRESS	1907 Rambling In.	STREET ADDRESS	
CITY-ST-ZIP	Brandon, FL 33510	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Caroline Schwalm	NAME	
STREET ADDRESS	1904 Pepperwood circle	STREET ADDRESS	
CITY-ST-ZIP	Brandon, FL 33510	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Tara Forrest	NAME	
STREET ADDRESS	1602 Spring In.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Brandon, FL 33510	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	**IN THIS SPACE**
NAME	Peter North	NAME	
STREET ADDRESS	1601 Spring lane	STREET ADDRESS	
CITY-ST-ZIP	Brandon, FL 33510	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kym O'Sullivan 4/16/07 (813)657-9618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #