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

DO NOT WRITE IN THIS SPACE

FILED Jun 05, 2002 8:00 am Secretary of State

05-13-2002 90073 025 ****61.25

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KEMPTON PARK AT GRAND OAKS NEIGHBORHOOD ASSOCIATION, INC.

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2. Principal Place of Business 10033 Ninth Street N.	3. Mailing Address 10033 Ninth Street N.
Suite, Apt. #, etc. Second Floor	Suite, Apt. #, etc. Second Floor

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Second Floo	or	Second Floor		DO NOT WRITE IN THIS SPACE		
City & State St. Peters	burg, FL	City & State St. Peter	sburg, FL	FEI Number	. Applied For Not Applicable	
Zip 33716	Country USA	33716	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
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r. Name and Address of Current Regist	RIAG WÖAUT
Rampart Properties, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 10033 Ninth Street North	
Second Floor	
St. Petersburg,	Zip Code

			iging its registered office or registered agent, or both, in the	ne state of Florida.	
SIGNAT	TURE (D)	Kulluluv d name of registered egint and litle if applicable.	Billy K. Osburn	04/29/02	
	Signatural special parts	d name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

F	EE	IS	\$61.25	
Initial	or	Am	ended	UBR

9. Election Campaign Financing

\$5.00 May Be

Make Check Payable to

	Initial or Amended UBR	Trust Fund Contri	bution.	Added to Fees	Department of State
10.	OFFICERS AND DIRECTORS			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Betty Valenti 4902 Eisenhower Blvd. Tampa, FL 33634	#289	TITLE NAME STREET AODRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Richard Leatham	, #289 s	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	
NAME STREET ADDRESS CITY-ST-ZIP	STD	, #289 s	ITLE	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven Herman 311 Park Place Blvd. Clearwater, FL 33759	#600 s	ITLE IAME TREET ADDRESS ITY-ST-ZIP	IN T	HIS SPACE
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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: