

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90039 002 ****61.25



DOCUMENT # N02000000312
 1. Entity Name
KENSINGTON OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2717 FEIFFER CIRCLE 2737 FEIFFER CIRCLE
 SARASOTA FL 34235 SARASOTA FL 34235



2. Principal Place of Business 3. Mailing Address
1522 MELLON WAY **1522 MELLON WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E037 (5/05)

City & State City & State
SARASOTA FL **SARASOTA FL**

4. FEI Number Applied For
03-0422803 Not Applicable

Zip Country Zip Country
34232 **USA** **34232** **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BATY, DAWN
2737 FEIFFER CIRCLE
SARASOTA FL 34235

7. Name and Address of New Registered Agent
 Name: **RICHARD SCHUTZMAN**
 Street Address (P.O. Box Number is Not Acceptable): **1522 MELLON WAY**
 City: **SARASOTA FL** Zip Code: **34232**

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: **RICHARD SCHUTZMAN** DATE: **7-30-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

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

Make Check Payable to Florida Department of State

10. PD OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DENNIS, MATTHEW 2717 FEIFFER CIR SARASOTA FL 34235 VPD <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHUTZMAN, RICHARD 1761 SUMMER BREEZE WAY SARASOTA FL 34242 TD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BATY, DAWN 2737 FEIFFER CIR SARASOTA FL 34235 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDY DUNN 1522 MELLON WAY SARASOTA FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA DOLNICK 2750 FEIFFER CIRCLE SARASOTA, FL 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD SCHUTZMAN** DATE: **7-30-05** DAYTIME PHONE #: **(941) 3774277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #