

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 007 ****61.25

DOCUMENT # N03000006732			
1. Entity Name KENSINGTON ESTATES OF LEGENDS ASSOCIATION, INC.			
Principal Place of Business 10471 SIX MILE CYPRESS PARKWAY SUITE 2 FT MYERS, FL 33912		Mailing Address 10471 SIX MILE CYPRESS PARKWAY SUITE 2 FT MYERS, FL 33912	
2. Principal Place of Business <i>Tropical Isles Mangrove Tropical Isles</i> Suite, Apt. #, etc. 12734 Kenwood Ln. #49		3. Mailing Address <i>Tropical Isles</i> Suite, Apt. #, etc. 12734 Kenwood Ln #49	
City & State Ft. Myers, FL		City & State Fort Myers, FL	
Zip 33907		Zip 33907	
Country USA		Country USA	
4. FEI Number 57-1187080		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEBIETETTO, JOHN <input type="checkbox"/> Delete 10471 SIX MILE CYPRESS PARKWAY SUITE 2 FT MYERS, FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV READER, JAMES <input type="checkbox"/> Delete 10471 SIX MILE CYPRESS PARKWAY SUITE 2 FT MYERS, FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KNOWLES, KIRK <input type="checkbox"/> Delete 10471 SIX MILE CYPRESS PARKWAY SUITE 2 FT MYERS, FL 33912		
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	ASM Don Roedding <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12734 Kenwood Lane Ft. Myers, FL 33907		
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		
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 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 changed, or on an attachment with an address with any other like empowered.			
SIGNATURE: <u>Don Roedding</u> <u>5/1/05</u> <u>(239) 935-2855</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			