


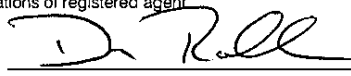
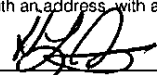


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90177 006 \*\*\*\*61.25

<b>DOCUMENT # N03000006732</b> 1. Entity Name <b>KENSINGTON ESTATES OF LEGENDS ASSOCIATION, INC.</b>					
Principal Place of Business <b>TROPICAL ISLES MANAGEMENT</b> <b>12734 KENWOOD LANE #49</b> <b>FORT MYERS, FL 33907</b>			Mailing Address <b>TROPICAL ISLES MANAGEMENT</b> <b>12734 KENWOOD LANE #49</b> <b>FORT MYERS, FL 33907</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>57-1187080</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02092006      Chg-NP      CR2E037 (11/05)	
6. Name and Address of Current Registered Agent  <b>SHIELDS, CHRISTOPHER J</b> <b>1833 HENDRY STREET</b> <b>FT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent  <div style="display: flex; align-items: center;"> <div style="flex: 1;">           Name            Street Address            City         </div> <div style="flex: 1; text-align: center;">  </div> <div style="flex: 1;">           Zip Code         </div> </div>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE  </div> <div style="width: 40%;">           Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)         </div> <div style="width: 20%; text-align: right;">           DATE <b>4/26/06</b> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEBIETETTO, JOHN 10471 SIX MILE CYPRESS PARKWAY SUITE 2 FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Howard Stern 8351 Shorecrest Dr. Ft. Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV READER, JAMES 10471 SIX MILE CYPRESS PARKWAY SUITE 2 FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beverly Berberich 8304 Shorecrest Dr. Ft. Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KNOWLES, KIRK 10471 SIX MILE CYPRESS PARKWAY SUITE 2 FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia McFarlane 8334 Shorecrest Dr. Ft. Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM ROEDDING, DON 12734 KENWOOD LANE FORT MYERS, FL 33907 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  <b>2/27/06 123341-8481</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					