


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90161 032 ****61.25

DOCUMENT # N03000006732	
1. Entity Name KENSINGTON ESTATES OF LEGENDS ASSOCIATION, INC.	

Principal Place of Business TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE #49 FORT MYERS, FL 33907	Mailing Address TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE #49 FORT MYERS, FL 33907
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
02012007 Chg-NP	CR2E037 (12/06)
4. FEI Number 57-1187080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
TROPICAL ISLES MGT. SERVICES, INC. 12734 KENWOOD LN. SUITE 49 FORT MYERS, FL 33907	

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.

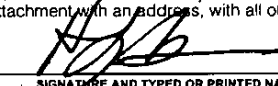
SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
NAME	ROEDDING, DON	NAME	
STREET ADDRESS	12734 KENWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	<i>President</i>	NAME	
STREET ADDRESS	<i>Howard Stern</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>12734 Kenwood Lane</i>	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	<i>VP</i>	NAME	
STREET ADDRESS	<i>Vincent Mercogliano</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>12734 Kenwood Lane</i>	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	<i>Trans. Sec.</i>	NAME	
STREET ADDRESS	<i>Albert Walstenholm</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>12734 Kenwood Lane</i>	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE:  **Howard Stern** *2/7/07 259 935-2797*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #