2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000006732

1. Entity Name



KENSINGTON ESTATES OF LEGENDS ASSOCIATION, INC.												
TROPICAL ISLES MANAGEMENT TROP 12734 KENWOOD LANE #49 1273				og Address Pical isles management 34 kenwood lane #49 T Myers, Fl 33907				40044858				
2. Principal Place of Business - No P.O. Box # 3.			3. Maili	. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01092008	Chg-NP	CR2E	037 (12/06)		
City & State			City & State				4. FE! Number 57-1187080				Applied For Not Applicable	
Zip	Zip Country		Zip	Zip Cour		intry	5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent							7. Name and	Address of New F	Registered	l Agent		
TRODICAL ISLES MOT SERVICES INC						Name						
TROPICAL ISLES MGT. SERVICES, INC. 12734 KENWOOD LN. SUITE 49 FORT MYERS, FL 33907						Street Address (P.O. Box Number is Not Acceptable)						
·												
						City			F	L Zip C	ode	
	named entity tions of registe	submits this statement for ered agent.	or the purpe	ose of changing its	s register	ed office or reg	istered agent, or bot	n, in the State of Fl	orida. I an	n familier wi	th, and accept	
SIGNATURE .	Signature, typed o	or printed name of registered agen	t and tide if app	icable. (NO	TE: Registere	d Agent signature rec	quired when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.						4. 4		
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10.	_		RECTORS	Trust Fund		· · ·	Added to Fees	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rida Depa	artment of	State	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-\$T-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. 27-08 Date

Daytime Phone #

FILED

Mar 13, 2008 8:00 am Secretary of State

03-13-2008 90040 043 ****61.25