

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010372

FILED
Mar 05, 2009
Secretary of State

Entity Name: KENSINGTON MANOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2582 SOUTH MAGUIRE RD
318
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 74-3144704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SPENCER
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMSON, ROBERT
Address: 1458 WHITEFRIAR DRIVE
City-St-Zip: OCOEE, FL 34761

Title: T/S () Delete
Name: FRANCISCO, THOMAS
Address: 1485 WHITEFRIAR DRIVE
City-St-Zip: OCOEE, FL 34761

Title: VPD () Delete
Name: JOHNSON, LAWRENCE
Address: 1667 WHITEFRIAR DRIVE
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: BAKER, WILLIAM
Address: 1790 PALMERSTON CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: DERIEUX, JOHN
Address: 1818 PALMERSTON CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: DEMETRIADES, MICHAEL
Address: 1551 WHITEFRIAR DRIVE
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: FRANCISCO, THOMAS
Address: 1485 WHITEFRIAR DRIVE
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SPENCER SOLOMON

RA

03/05/2009

Electronic Signature of Signing Officer or Director

Date