2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N04000002420

Entity Name: KENSINGTON OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1914 ART MUSEUM DR
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

5455 A1A S
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-1792723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAY MGMT SERVICES
5455 A1A S
SAINT AUGUSTINE, FL 32080 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: YANCEY, RAYMOND
Address: 1412 COLVILLE CRT
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: VP ( ) Delete
Name: BAKER, SHAWN
Address: 1914 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete
Name: JONES, WILLIE
Address: 573 BATTER SEA DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: S ( ) Delete
Name: WALGH, DAVID
Address: 809 IFIELD RD
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: T ( ) Delete
Name: GARNIER, DOUGLAS
Address: 584 BATTERSEA DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: SABATO, JOYCE
Address: 664 BATTERSEA DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: RAYMOND YANCEY P 03/23/2009

Electronic Signature of Signing Officer or Director — Date