


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90052 040 \*\*\*\*61.25

<b>DOCUMENT # N04000007296</b>	
1. Entity Name <b>KENSINGTON NORTH CONDOMINIUM ASSN., INC.</b>	

Principal Place of Business <b>5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653</b>	Mailing Address <b>5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653</b>
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2. Principal Place of Business - No P.O. Box # <b>901 NW 8th Avenue</b>	3. Mailing Address <b>901 NW 8th Avenue</b>
Suite, Apt. #, etc. <b>Suite A-6</b>	Suite, Apt. #, etc. <b>Suite A-6</b>
City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>
Zip <b>32601</b>	Country <b>Alachua</b>



04202007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-1447732</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LINDSEY, GLENDA 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653</b>	7. Name and Address of New Registered Agent Name <b>Sally Ann Wilson, c/o Sun Lu Properties, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>901 NW 8th Avenue, Suite A-6</b> City <b>Gainesville</b> FL Zip Code <b>32601</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIGELT, JENNIFER M 3920 SW 290TH AVE, #1308 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRACE, CYNTHIA 10815 SW 20TH PLACE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLOGG, MAGGIE 3880 SW 20TH AVE, #1501 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLEY, RONALD L 3920 SW 20TH AVE, #1304 GAINESVILLE, FL 32607 <input checked="" 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	D/S/T Linda Luetjen 8510 SW 7th Place Gainesville, FL 32607 <input type="checkbox"/> Change <input checked="" 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 a letter like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/07 3533730874