2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007296

FILED Apr 28, 2009 Secretary of State

Entity Name: KENSINGTON NORTH CONDOMINIUM ASSN., INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
SUITE A-6	TH AVENUE ; LLE, FL 32601				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
901 NW 8TH AVENUE			500 NW 43RD ST	500 NW 43RD ST	
SUITE A-6 GAINESVILLE, FL 32601			GAINESVILLE, FL 3	GAINESVILLE, FL 32607	
FEI Number:	: 20-1447732	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
WILSON, SALLY ANN C/O SUN LU PROPERTIES, INC. 901 NW 8TH AVENUE, SUITE A-6 GAINESVILLE, FL 32601 US			500 NW 43RD ST 3	CORNERSTONE PROPERTY SOLUTIONS 500 NW 43RD ST 3 GAINESVILLE, FL 32607 US	
	named entity set of Florida.	ubmits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: EUGENE HAUFLER				04/28/2009	
	Electroni	ic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIRECT	rors:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P () WEIGELT, JENN 3920 SW 290TH GAINESVILLE, F	1 AVE, #1306	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GRACE, CYNTH 10815 SW 20TH GAINESVILLE, F	I PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP () KELLOGG, MAG 3880 SW 20TH, GAINESVILLE, F	AVE, #1501	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () LUETJEN, LIND, 8510 SW 7TH P GAINESVILLE, F	LACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () KODGER, CIND PO BOX 2347 UMATILLA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JENNIFER WEIGELT P 04/28/2009