

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90014 002 \*\*\*\*61.25



**DOCUMENT # N05000000896**

1. Entity Name

**KENSINGTON PRESERVE OF ST. ANDREWS EAST  
ASSOCIATION, INC.**

Principal Place of Business

722 SHAMROCK BOULEVARD  
VENICE FL 34293

Mailing Address

722 SHAMROCK BOULEVARD  
VENICE FL 34293

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3800295

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

**LATTMANN, STEPHEN E  
722 SHAMROCK BOULEVARD  
VENICE FL 34293**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature req. used when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD  
NAME: LATTMANN, STEPHEN E  Delete  
STREET ADDRESS: 722 SHAMROCK BOULEVARD  
CITY-ST-ZIP: VENICE FL 34293

TITLE: STD  Delete  
NAME: SULLIVAN, PAMELA B  
STREET ADDRESS: 722 SHAMROCK BOULEVARD  
CITY-ST-ZIP: VENICE FL 34293

TITLE: VD  Delete  
NAME: BRADY, RICHARD  
STREET ADDRESS: 315 PINE GLEN WAY  
CITY-ST-ZIP: ENGLEWOOD FL 34223

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: STD  Change  Addition  
NAME: WHITFORD, CHARLES  
STREET ADDRESS: 780 Montrose Dr., # 204  
CITY-ST-ZIP: Venice, FL 34293

TITLE: VPD  Change  Addition  
NAME: CONNELLY, DEBBIE L.  
STREET ADDRESS: 722 Shamrock Blvd.  
CITY-ST-ZIP: Venice, FL 34293

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:** *Debbie L. Connelly* *2/14/08* *(941)497-2353*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Cellular Phone #