

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25482

FILED
Mar 24, 2009
Secretary of State

Entity Name: KENSINGTON ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US

New Principal Place of Business:

Current Mailing Address:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US

New Mailing Address:

FEI Number: 59-2912366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, L. DENISE
920 THIRD STREET STE B
NEPTUNE BEACH, FL 32266 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: VD () Delete
Name: HOFFMAN, DAVID
Address: 12487 RUXON GREEN LN
City-St-Zip: JACKSONVILLE, FL 32246

Title: PD () Delete
Name: WALLACE, FRANZ
Address: 2153 ST MARTINS DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: CALABRESE, MONIQUE
Address: 2135 ST. MARTINS DR E.
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD () Delete
Name: WINNINGHAM, DONALD
Address: 12344 TWIN SANDS TRAIL E
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: KEELEY, TIMOTHY W
Address: 2184 HEATH GREEN PLACE S
City-St-Zip: JACKSONVILLE, FL 32246

Title: PD (X) Change () Addition
Name: WINNINGHAM, DONALD
Address: 12344 TWIN SANDS TRAIL E
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Change () Addition
Name: HENRY, DAVID R
Address: 1988 HOVINGTON CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD (X) Change () Addition
Name: CABLER, SHEILA
Address: 1941 HOVINGTON CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Change (X) Addition
Name: RUSIN, JOSEPH B
Address: PO BOX 350823
City-St-Zip: JACKSONVILLE, FL 32235

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: L. DENISE WALLACE

RA

03/24/2009

Electronic Signature of Signing Officer or Director

Date