FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -7 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38937 (1)

1. Corporation Name
KENSINGTON ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1125 STERLING ROAD, SUITE 4 INVERNESS FL 34450 US	1125 STERLING ROAD, SUITE 4 INVERNESS FL 34450 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3031190 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOYAJAN, LEON M., II
1125 STRLING ROAD
SUITE 4
INVERNESS 34450

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D , Vice President	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	BRADSHAW, ROBERT	1.2 NAME	Viens, Barbara	
STREET ADDRESS	567 N. SETON AVENUE	1.3 STREET ADDRESS	500 East Buckingham	
CITY-ST-ZIP	LECANTO FL	1.4 CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	D, President	2.1 TITLE	D	☐ Change ☒ Addition
NAME	JAMES, EGAN	2.2 NAME	Nally, Diane	
STREET ADDRESS	598 E. REEHILL STREET	2.3 STREET ADDRESS	215 East Buckingham	
CITY-ST-ZIP	LECANTO FL	2.4 CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	DS	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DONALDSON, EVELYN	3.2 NAME	Cascio, Lee	
STREET ADDRESS	630 E BUCKINGHAM DR	3.3 STREET ADDRESS	211 Knightsbridge	
CITY-ST-ZIP	LECANTO FL	3.4 CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~LEE, JOSEPH T---~~	4.2 NAME	STENDER, LINDA	
STREET ADDRESS	~~562 E. KNIGHSBRIDGE PLACE-~~	4.3 STREET ADDRESS	480 East Knightsbridge	
CITY-ST-ZIP	~~LECANTO FL---~~	4.4 CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PFEIFFER, FREDERICK J	5.2 NAME		
STREET ADDRESS	163 E. POSTER COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	LECANTO FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SWAIN, TEX	6.2 NAME		
STREET ADDRESS	450 E. BUCKINGHAM DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	LECANTO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Egan JAMES EGAN, President 2-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044921

N38937

LAW OFFICE OF
LEON M. BOYAJAN II P.A.

LEON M. BOYAJAN, II *
RICHARD D. GISH
JOHNNYE L. FRIEDRICH **

* BOARD CERTIFIED CIVIL TRIAL
** ALSO LICENSED TO PRACTICE IN OKLAHOMA

1125 STERLING ROAD
SUITE 4, POWELL SQUARE
INVERNESS, FLORIDA 34450
(904) 726-1800
FAX (904) 726-1428

April 3, 1995

Division of Corporations
Annual Reports Section
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Kensington Estates Property Owners Association, Inc.

Gentlemen:

Enclosed please find the original of the Annual Report form for Kensington Estates Property Owners Association, Inc. which has been completed and signed by the President for the corporation. Also enclosed please find a cashier's check in the amount of $130.00 which represents the filing fee for this Annual Report form.

Thank you for your attention to this matter and should you have any questions, please do not hesitate to contact our office.

Yours very truly,

L. Boyajan

LEON M. BOYAJAN, II

LMB/bal

Enc.

95.KENS