

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/2

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-27-2005 90051 018 ****61.25

DOCUMENT # N38937
 1. Entity Name
KENSINGTON ESTATES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**500 E BUCKINGHAM DR
 LECANTO, FL 34461 US**

Mailing Address
**P O BOX 1164
 LECANTO, FL 34660 US**

66004960



DO NOT WRITE IN THIS SPACE

01242005 No Chg-NP CR2E037 (10/03)

| | | |
|--|---|---|
| 4. FEI Number 59-3031190 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**VLENS, BARBARA D
 500 E BUCKINGHAM DR
 LECANTO, FL 34461**

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P EGAN, BETTY J 598 E REEHILL ST LECANTO, FL 34461 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP BROWN, JACK 730 N SETON LECANTO, FL 34461 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BRADSHAW, ROBERT 567 N SETON LECANTO, FL 34461 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T VIENS, BARBARA 500 EAST BUCKINGHAM LECANTO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D THOMPSON, DEB 719 N KENSINGTON AVE LECANTO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D EVANS, STEPHEN 429 N SETON LECANTO, FL 34461 |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Barbara Viens, Treasurer Date 2-25-05 Daytime Phone 352-637-5229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR