

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**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**



**DO NOT WRITE IN THIS SPACE**

01152006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-3031190** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

000000390454  
 01/23/06-80028-012 61.25

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara D Viens*