


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



01202008 No Chg-NP CR2E037 (4/06)

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

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

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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 _____

Filing Fee is \$81.25 Due by May 1, 2008

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	S DAY, HARRIET 655 N HEATHRON DRIVE LECANTO, FL 34464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, STEPHEN 429 N SETON LECANTO, FL 34461

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 01/23/08-80098-017 61.25

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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara D Viens, Treas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-08 352 637-5227
 Date Daytime Phone #