

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 23, 2009  
Secretary of State**

DOCUMENT# N38937

Entity Name: KENSINGTON ESTATES PROPERTY OWNERS ASSOCIATION, INC,

**Current Principal Place of Business:**

500 E BUCKINGHAM DR  
LECANTO, FL 34461 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1164  
LECANTO, FL 34660 US

**New Mailing Address:**

FEI Number: 59-3031190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VLENS, BARBARA D  
500 E BUCKINGHAM DR  
LECANTO, FL 34461 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: P ( ) Delete  
Name: EGAN, BETTY J  
Address: 598 E REEHILL ST  
City-St-Zip: LECANTO, FL 34461

Title: VP ( ) Delete  
Name: BROWN, JACK  
Address: 730 N SETON  
City-St-Zip: LECANTO, FL 34461

Title: D ( ) Delete  
Name: BRADSHAW, ROBERT  
Address: 567 N SETON  
City-St-Zip: LECANTO, FL 34461

Title: T ( ) Delete  
Name: VIENS, BARBARA  
Address: 500 EAST BUCKINGHAM  
City-St-Zip: LECANTO, FL

Title: S ( ) Delete  
Name: DAY, HARRIET  
Address: 655 N HEATHRON DRIVE  
City-St-Zip: LECANTO, FL 34464

Title: D ( ) Delete  
Name: EVANS, STEPHEN  
Address: 429 N SETON  
City-St-Zip: LECANTO, FL 34461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA D VIENS

T

01/23/2009

Electronic Signature of Signing Officer or Director

Date