

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002506

FILED
Mar 27, 2009
Secretary of State

Entity Name: KENSINGTON PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1731 NW 6TH ST.
STE A
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14506
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-3232535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DBA FLORIDA COMMUNITY MGMT
1731 NW 6TH ST.
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

ED BAUR MANAGEMENT, INC.
1731 NW 6TH ST.
STE A
GAINESVILLE, FL 32609 US

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: HAL WHITTET

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNS, STEVE
Address: 4832 BW 50 TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Delete
Name: ROBELL, SUSAN
Address: 5130 NW 48TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: SAMUEL, WU
Address: 4915 NW 50TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: CATMISS, PUAL
Address: 4840 NW 50TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP (X) Change () Addition
Name: CAKMIS, PAUL & TERRI
Address: 4840 NW 50TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Change (X) Addition
Name: VALLE, ANNE
Address: 4721 NW 51ST PLACE
City-St-Zip: GAINESVILLE, FL 32606

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: STEVE JOHNS

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date