FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N93000002822 (5)

KENSINGTON HOMEOWNERS ASSOCIATION, INC.

KENON	GTOR HOMEOWIEND ACC						
Principal Place of	of Business	Mailing Address		I INDIANOL AIM INION OFFER ANDIN ONLY	1 8 0 1 10 8 0 101 0 0 0 10 0 FFB 81 10 11	9 14818 119f (89)	
STE: 310	ENUE SOUTH -	900 FIFTH AVENUE SOUTH	4				
NAPLES FL 33910		NAPLES FL 30910-		3. Date Incorporated or Qualified 06/23/1993			
2. Principal Plac		2a. Mailing Address		4. FEI Number	 +	Applied For	
21 600 Fifth Avenue South 26					65-0418457 Not App		
Suite, Apt. #, etc. 22 Suite 207		Suite, Apt. #, etc. 27 Suite 207		5. Certificate of Status Desired	Fee F	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees		
23 Naples		28 Naples, FL	Country	This corporation has liability for			
Zip 24 33940	Country 25 IISA		USA		☐ Yes [V] No	100.002	
24 33940	25 USA 9. Name and Address of Curren		- USA	10. Name and Address of New F	legistered Agent		
			81 Name Carc	ol R. Brugger			
BRUGGER, CAROL R				idiess (P.O. Box Number is Not Acceptable) Fifth Avenue South			
	H AVENUE SOUTH		83				
STE. 210			Sui	te 207		- Cada	
NAPLES	FL 33940	_	84 Napl	es		3940	
11. Pursuant to	a the braining of Section 617 050	and 617, 508. Florida Statutes.	the above-named co	rporation submits this statement for the pu			
or registere	ed agent, or both, in the State of Floric h, and accept the obtoptions of Secti	la Such change was authorized	by the corporation's	rporation submits this statement for the puboard of directors. I hereby accept the app	ointment as registered	i agent. I am	
	h, and accept the bosophors by Seco	Oil (47,008), Fiorida Statutes.		Ap	ril 15, 199	6	
SIGNATURE _	Signature, typed or printed name of registered agent	and the if annicable (NOTE:	Registereo Agent signatura re	equired when reinstating!	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF			
TITLE	-PD	DEFELE	1 1 TITLE	PD labor N	Change	Addition	
NAME	BRUGGER, JOHN N.		1 2 NAME	Brugger, John N.	L #207		
STREET ADDRESS	600 5TH AVE 3.; STE 210		1.3 STREET ADDRESS	600 Fifth Avenue Sout	.n, #20/		
CITY-ST-ZIP	NAPLES FL	Γ IDELETE	1.4 CITY - ST - ZIP	Naples, FL 33940 DV	Change	Addition	
TITLE	- 0 V		2.1 TITLE	Steiner, Arlette	CA CHARGE		
NAME	STEINER, ARLETTE	ITU OTC 040	2.2 NAME 2.3 STREET ADDRESS		-L #207		
STREET AL ORESS	C/O 600 FIFTH AVENUE SOL	JIM OIE: EIU	2 3 STREET ADDRESS	600 Fifth Avenue Sout Naples, FL 33940	.11, 1/20/		
CITY-ST-ZIP	NAPLES FL	X DELETE	3.1 TITLE	DST	Change	X Addition	
TITLE NAME	dst - Brehm, rebecca	AL DELL'S	3.2 NAME	Stier, Eric		•	
STREET AUDRESS	C/O 800 FIFTH AVENUE SOL	ITH STE-210	3.3 STREET ADDRESS	600 Fifth Avenue Sout	h. #207		
City-SI-ZiP	NAPLES FL	JIII O12: 210	3 4. CITY - S1 - ZIP	Naples, FL 33940	, "		
TITLE	NA LEGIE	DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	51 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP		Florier	5.4 CITY - ST - ZIP		Change	Addition	
TITLE		DELETE	6 1 1171.6		□ Cuange		
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	an earlifust that the information supplied	with this filing is valuntarily furniel	64 CITY-ST-ZIP hed and does not out	alify for the exemption stated in Section 11	9.07(3)(k), Florida State	utes. I further	
certify that		uai report or supplemental annua oration or the receiver or trustee i	ai report is true and a empowered to execu	ccurate and that my signature shall have the this report as required by Chapter 617,			

SIGNATURE:

SIGNATURE AND THEO OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

John N. Brugger, President

4-15-96 941-263-6000 Dept

Davrime Phone #

CR2E037 (12