

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 03 1997 8:00am
Secretary of State

DOCUMENT # **N93000002822 (5)**

1. Corporation Name

KENSINGTON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

600 FIFTH AVENUE SOUTH
SUITE 207
NAPLES FL 33940
US

600 FIFTH AVENUE SOUTH
SUITE 207
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1993

3a. Date of Last Report
04/22/1996

4. FEI Number

65-0418457

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **Dickinson Management Inc**
Suite, Apt. #, etc.
22 **11920 Fairway Lakes Dr #2**

26 **Dickinson Management Inc**
Suite, Apt. #, etc.
27 **11920 Fairway Lakes Dr #2**

23 City & State
Ft Myers, FL

28 City & State
Ft Myers, FL

24 Zip **33913** Country **U.S.A.**

29 Zip **33913** Country **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUGGER, CAROL R
600 FIFTH AVENUE SOUTH
SUITE 207
NAPLES FL 33940

81 Name

J. Dudley Goodlette

82 Street Address (P.O. Box Number is Not Acceptable)

4001 Tamiami Trail North

83 Suite #300

84 City

Naples

FL

85 Zip Code
34103

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **BRUGGER, JOHN N.**
STREET ADDRESS **600 FIFTH AVE SOUTH #207**
CITY-ST-ZIP **NAPLES FL**

TITLE **DV** ☒ DELETE
NAME **STEINER, ARLETTE**
STREET ADDRESS **600 FIFTH AVE SOUTH #207**
CITY-ST-ZIP **NAPLES FL**

TITLE **DST** ☒ DELETE
NAME **STIER, ERIC**
STREET ADDRESS **600 FIFTH AVE SOUTH, #207**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **Mangan, Jeffery**
1.4 CITY-ST-ZIP **2700 Pine Ridge Road
Naples, FL 34105**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **Henderlong, Rich**
2.4 CITY-ST-ZIP **2700 Pine Ridge Road
Naples, FL 34105**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **Spivey, Blaine**
3.4 CITY-ST-ZIP **2700 Pine Ridge Road
Naples, FL 34105**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TD**
4.3 STREET ADDRESS **Maurais, Tim**
4.4 CITY-ST-ZIP **2700 Pine Ridge Road
Naples, FL 34105**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Mullins, Larry**
5.4 CITY-ST-ZIP **2700 Pine Ridge Road
Naples, FL 34105**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE REQUIRED

CR2E037 (4/97)