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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002822 (5)**

1. Corporation Name

KENSINGTON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business DICKINSON MGMT INC 11820 FAIRWAY LKS DR #2 FT MYERS FL 33913 US	Mailing Address DICKINSON MGMT INC 11820 FAIRWAY LKS DR #2 FT MYERS FL 33913 US
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3. Date Incorporated or Qualified 06/23/1993	
4. FEI Number 65-0418457	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1044 Castello Drive	2a. Mailing Address 26 1044 Castello Drive
Suite, Apt. #, etc. 22 Suite 206	Suite, Apt. #, etc. 27 Suite 206
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 34103	Country 25 USA
Country 29 34103	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GOODLETTE, J DUDLEY 4001 TAMiami TrL N #300 NAPLES FL 34103	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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	<input type="checkbox"/> DELETE
NAME	PD MANGAN, JEFFERY
STREET ADDRESS	2700 PINE RIDGE RD
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	DV HENDERLONG, RICH
STREET ADDRESS	2700 PINE RIDGE RD
CITY-ST-ZIP	NAPLES FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD SPIVEY, BLAINE
STREET ADDRESS	2700 PINE RIDGE RD
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD MAURAJ, TIM
STREET ADDRESS	2700 PINE RIDGE RD
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MULLINS, LARRY
STREET ADDRESS	2700 PINE RIDGE RD
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE:

Richard P. Henderson

4/13/98

CR2E037 (10/97)