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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N94000000961 (2)

1. Corporation Name

KENSINGTON AT TAMPA PALMS HOMEOWNER'S ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
~~15802 AMBERLY DR.~~ TAMPA FL 33647	~~15802 AMBERLY DR.~~ TAMPA FL 33647-1082

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business	2a. Mailing Address
21 16101 Compton Dr.	26 16101 Compton Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa FL	28 City & State: Tampa FL
24 Zip: 33647 — 25 Country: USA	29 Zip: 33647 — 30 Country: USA

4. FEI Number: 59-3259638 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZIELENBACH, JOHN T
15802 AMBERLY DR.
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name: STEVEN H. MEZER, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1212 COURT STREET
83 SUITE B
84 City: CLEARWATER FL 85 Zip Code: 34616

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], Pres. STEVEN H. MEZER PRES 2/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	LOYD, DOUGLAS		1.2 NAME	Douglas Loyd	
STREET ADDRESS	15802 AMBERLY DR.		1.3 STREET ADDRESS	15701 Cheston Court	
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY-ST-ZIP	Tampa, FL 33647	
TITLE	DVT	☒ DELETE	2.1 TITLE	D Pres	☐ Change ☒ Addition
NAME	ZIELENBACH, JOHN T		2.2 NAME	Keith Wennik	
STREET ADDRESS	15802 AMBERLY DR.		2.3 STREET ADDRESS	6431 Renwick Cr.	
CITY-ST-ZIP	TAMPA FL 33647		2.4 CITY-ST-ZIP	Tampa, FL	
TITLE	DS	☒ DELETE	3.1 TITLE	D V.P.	☐ Change ☒ Addition
NAME	WEINHOLD, MICHELLE L		3.2 NAME	Ronald C. DeConti, MD	
STREET ADDRESS	15802 AMBERLY DR.		3.3 STREET ADDRESS	6408 Renwick Cr.	
CITY-ST-ZIP	TAMPA FL 33647		3.4 CITY-ST-ZIP	Tampa, FL 33647	
TITLE		☐ DELETE	4.1 TITLE	D Sec	☐ Change ☒ Addition
NAME			4.2 NAME	Kevin Hunter	
STREET ADDRESS			4.3 STREET ADDRESS	6420 Renwick Cr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tampa, FL 33647	
TITLE		☐ DELETE	5.1 TITLE	D Treas	☐ Change ☒ Addition
NAME			5.2 NAME	Calvin Ball	
STREET ADDRESS			5.3 STREET ADDRESS	6403 Renwick Cr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa, FL. 33647	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 on an attachment with an address.

SIGNATURE: Calvin Ball 2-18-97 979-3337