

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000961

FILED
Apr 30, 2008
Secretary of State

Entity Name: KENSINGTON AT TAMPA PALMS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

16101 COMPTON DR
TAMPA, FL 33647 US

New Principal Place of Business:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

Current Mailing Address:

16105 N. FLORIDA
STE A
LUTZ, FL 33549 US

New Mailing Address:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

FEI Number: 59-3259638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
220 S. FRANKLIN ST
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LOYD, DOUGLAS
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD () Delete
Name: DECONTI, RONALD C MD
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: SINDHU, KOTWANI
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: SOLEY, JAMES
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: V (X) Delete
Name: METZGER, NANCY
Address: 16105 N FLORIDA A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: TOLSON, KEITH
Address: 6411 RENWICK CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: PD (X) Change () Addition
Name: NANCY, METZER
Address: 6436 RENWICK CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SOLEY, JAMES
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NANCY METZER

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date