2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91298 047 ****70.00

11023952

DOCUMENT # N94000000961

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

Principal Place of Business	Mailing Address
16101 COMPTON DR TAMPA, FL 33647 US	16101 COMPTON DR TAMPA, FL 33647 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		16105 N. FLORIDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE A	
City & State		City & State LUTZ, FL	
Zip	Country	Zip 33549	Country USA

4. FEI Number 59-3259638 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEZER, STEVEN H 220 S FRANKLIN STREET TAMPA, FL 33602	Name: WILLIAM CRINEY Street Address (P.O. Box Number is Not Acceptable): HOUSE PROP MGMT 16105 N FLORIDA SUITE A City: LUTZ FL Zip Code: 33549

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOYD, DOUGLAS 15701 CHESTON COURT TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMITZ, WIDO 6410 RENWICK CIRCLE TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DECONTI, RONALD C MD 6408 RENWICK CR TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOBAUGH, BLAIR III 6412 RENWICK TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, RONALD 6414 RENWICK TAMPA, FL 33647	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARAH GIBSON 6411 RENWICK TAMPA FL 33647	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wido F. Schmitz — WIDO SCHMITZ — APR. 15. 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)