

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90012 006 ****61.25

DOCUMENT # N95000003703 1. Entity Name KENSINGTON ESTATES OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC.																																																																																																																																																													
Principal Place of Business 7001 TEMPLE TERRACE HWY. TEMPLE TERRACE, FL 33637 US		Mailing Address 7001 TEMPLE TERRACE HWY. TEMPLE TERRACE, FL 33637 US		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">40046671</div>																																																																																																																																																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01072008 Chg-NP CR2E037 (12/06)																																																																																																																																																									
City & State		City & State		4. FEI Number 59-3333799																																																																																																																																																									
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																									
6. Name and Address of Current Registered Agent DUARTE, ANTONIO 6221 LAND O'LAKES BLVD LAND O LAKES, FL 34639				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DAVID A HENSON 2-7-2008 (813) 661-2162																																																																																																																																																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																													