

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003703

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** KENSINGTON ESTATES OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7001 TEMPLE TERRACE HWY.  
TEMPLE TERRACE, FL 33637 US

**New Principal Place of Business:**

**Current Mailing Address:**

7001 TEMPLE TERRACE HWY.  
TEMPLE TERRACE, FL 33637 US

**New Mailing Address:**

**FEI Number:** 59-3333799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUARTE, ANTONIO  
6221 LAND O'LAKES BLVD  
LAND O LAKES, FL 34639 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: DP ( ) Delete  
Name: GRAHAM, HOWARD  
Address: 809 FRANKFORD DR  
City-St-Zip: BRANDON, FL 33511

Title: DST ( ) Delete  
Name: HENSON, DAVID  
Address: 1708 PASTORAL WAY  
City-St-Zip: BRANDON, FL 33511

Title: DVP ( ) Delete  
Name: HACHETT, LINDA  
Address: 1706 POSTORAL WAY  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DST (X) Change ( ) Addition  
Name: GEFKE, GARY  
Address: 1603 PAINT BRANCH WAY  
City-St-Zip: BRANDON, FL 33511

Title: DVP (X) Change ( ) Addition  
Name: CRACIUN, ANEEL  
Address: 831 FRANKFORD DR.  
City-St-Zip: BRANDON, FL 33511

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: HOWARD GRAHAM

PD

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date