2000 UNIFORM BUSINESS REPORT (UBR

DOCUMENT # N9700002041 1. Entity Name TOWNHOMES AT KENSINGTON HOMEOWNERS ASSOCIATION,						FILED Feb 15, 2000 8:00 am Secretary of State			
Principal Plac	e of Business	·			JZ-1 J-2000 9003	9 040 01.2	23		
UNIVERSITY PROPERTIES. INC. 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637		UNIVERSITY PROPERTIES. INC. 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637-5734				IIB IBIRI IBRR BBIR BBIRI FI	BYN BBNY CAND NGW BBNY	i 81 86 1 1181 1881	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE			
City & State		- City & State		4. FEI Numbe	59-3455554	; ;	Applied For Not Applicable		
Zip	Country	Zip	Соц	intry	5. Certificate	of Status Desired	□ \$8.75 A		
	6. Name and Address of Current F	Registered Agent		Name	.7. Name and	Address of New Rec	gistered Agent		
DURATE, ANTONIO 11959 N FLOIRDA AVENUE TAMPA FL 33612		Street Addres City		ess (P.O. Box Number	r is Not Acceptable)	FL ^{Zip C}	ode		
SIGNATURE	Signature. Speed or printed name of registered agent a FILE NOW; FEE IS \$61.25		TE: Registere	d Agent signature re	equired when reinstating) 55.00 May Be Added to Fees	Make	Check Payable artment of State		
10.	OFFICERS AND DIR	ECTORS	1 11.		 ADDITIONS/CH	NGES TO OFFICERS	S AND DIRECTORS	IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, CLAY J 311 PARK PLACE BLVD, SUITE 6 CLEARWATER FL 34619	□ Delete	TITLE NAM STRE	E ET ADDRESS -ST-ZIP	eaden, Ern 27 Kensing	TON CHECK	□ Chang Civcle	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, RALPH .311-PARK.PLACE.BLVD, SUITE 6 CLEARWATER FL 34619	D Delete		E ADDRESS 35	PD ebbia, Do 51_Kensinat brandon, Pl.	nna on Lake Cir	□ Chang	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GEBBIA, DONNA 351 KENSINGTON LAKE CIRCLE BRANDON FL 33511	I Delete			ITD eterson Ru 39 Kensing Brandon, M		□ Chang	e Maddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷	☐ Delete					Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	E ET ADDRESS -ST-ZIP		_	⁻	_	
12. I hereby certify that the information supplied with this/illing 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: (15/00 88/- 2/23) // HEADEN /25/00 88/- 2/23 SIGNATURE: (15/00 88/- 2/23) // HEADEN /25/00 88/- 2/23 Daytime Phone #									