

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002041

1. Entity Name

TOWNHOMES AT KENSINGTON HOMEOWNERS ASSOCIATION,

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90039 040 ****61.25

Principal Place of Business UNIVERSITY PROPERTIES, INC. 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637	Mailing Address UNIVERSITY PROPERTIES, INC. 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637-5734
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3455554** | Applied For
 | Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DURATE, ANTONIO
 11959 N FLORIDA AVENUE
 TAMPA FL 33612

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.

SIGNATURE *X* _____ DATE **1/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, CLAY J	
STREET ADDRESS	311 PARK PLACE BLVD, SUITE 600	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, RALPH	
STREET ADDRESS	311 PARK PLACE BLVD, SUITE 600	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GEBBIA, DONNA	
STREET ADDRESS	351 KENSINGTON LAKE CIRCLE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Headen, Ernest	
STREET ADDRESS	727 Kensington Lake Circle	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gebbia, Donna	
STREET ADDRESS	351 Kensington Lake Circle	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	SIT D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peterson, Ruth	
STREET ADDRESS	739 Kensington Lake Circle	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ernest M. Headen* **ERNEST M. HEADEN** **1/25/00** **881-2123**
Signature and typed or printed name of signing officer or director Date Daytime Phone #