


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90043 014 ****61.25

DOCUMENT # N97000002041

1. Entity Name
TOWNHOMES AT KENSINGTON HOMEOWNERS ASSOCIATION, INC.



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**

2. Principal Place of Business - No P.O. Box #
1463 Oakfield Dr.

3. Mailing Address
PO Box 6235

Suite, Apt. #, etc.
Ste 142

City & State
Brandon, FL

City & State
Brandon, FL

Zip
33511

Country
US

Zip
33508

Country
US



02272007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**DURATE, ANTONIO
 6221 LAND O LAKES BLVD
 LAND O LAKES, FL 34639**

7. Name and Address of New Registered Agent

Name
Robert Tankel P.A.

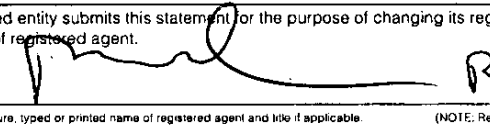
Street Address (P.O. Box Number is Not Acceptable)
1022 main st. Suite D

City
Dunedin

State
FL

Zip Code
34698

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  **Robert L Tankel** 3/2/07

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SEッター, TODD 621 KENSINGTON LAKE CIR BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOLOMON, BONNIE 410 KENSINGTON LAKE CIR BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S D'Amico, Alfred 611 Kensington Lake Circle Brandon, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Bonnie M. Solomon, President** 3/10/07 813.685.1897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Bonnie M. Solomon** Date Daytime Phone #