

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. Suite, Apt. #, etc. Ste 142		3. Mailing Address PO Box 6235 Suite, Apt. #, etc.			
City & State Brandon, FL		City & State Brandon, FL		4. FEI Number 59-3455554	
Zip 33511		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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: <u>Robert L Tankel</u> DATE: <u>3/2/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME SETER, TODD STREET ADDRESS 621 KENSINGTON LAKE CIR CITY - ST - ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE S NAME D'Amico, Alfred STREET ADDRESS 611 Kensington Lake Circle CITY - ST - ZIP Brandon, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME SOLOMON, BONNIE STREET ADDRESS 410 KENSINGTON LAKE CIR CITY - ST - ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<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: <u>Bonnie M. Solomon President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/10/07</u> Daytime Phone #: <u>813.685.1897</u>		