2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

DOCUMENT # N9700002041 1. Entity Name TOWNHOMES AT KENSINGTON HOMEOWNERS ASSOCIATION, INC.				4	04-25-2	2008 90133 017 ***	*61.25	
1463 OAKFIELD DR PO B STE 142 BRA BRANDON, FL 33511		Mailing Address PO BOX 6235 BRANDON, FL 33508	O BOX 6235 RANDON, FL 33508				IIICI BI IACI	
Principal Place of Business - No P.O. Box # 3. I		3. Mailing Address	. Mailing Address)	- 88311		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122008	Chg-NP	CR2E037 (12/06)		
Citý & State		City & State		4. FEI Num 59-34	ber 55554		pplied For of Applicable	
Zip	Country	Zip	Country	5. Certificat	e of Status Desire	d S8.75 Add		
	6. Name and Address of Current I	Registered Agent		7. Name ar	d Address of Ne	w Registered Agent		
TANKEL POREDT DA			Name	Name				
TANKEL, ROBERT PA 1022 MAIN ST SUITE D DUNEDIN, FL 34698			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
DONCDIN,	,12 34000			-				
	. •		City			FL Zip Cod	e	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registered agent, or b	oth, in the State o	f Florida. I am familíar with.	and accept	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	legistered Agent signatui	re required when reinstating)		DATE		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Added to Fee	Be F	DATE Make check payable teleprida Department of S		
10	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Added to Fee	HANGES TO OFF	Make check payable telorida Départment of S	tate	
	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Added to Fee	HANGES TO OFF	Make check payable to Florida Department of S	tate	
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12. I hereby certify that the information supplied with this litting 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: _

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

813-787-7872

Daytime Phone #