

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90254 005 \*\*\*\*61.25

0045110

**DOCUMENT # N97000002041**

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



Principal Place of Business <b>UNIVERSITY PROPERTIES, INC. 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637</b>	Mailing Address <b>UNIVERSITY PROPERTIES, INC. 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-345554** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**DURATE, ANTONIO  
11959 N FLOIRDA 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HEADEN, ERNEST</b>	
STREET ADDRESS	<b>727 KENSINGTON LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GEBBIA, DONNA</b>	
STREET ADDRESS	<b>351 KENSINGTON LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PETERSON, RUTH</b>	
STREET ADDRESS	<b>739 KENSINGTON LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BALOG, TONA</b>	
STREET ADDRESS	<b>4732 N. DAWN MEADOW COURT</b>	
CITY-ST-ZIP	<b>PLANT CITY, FL 33566</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHULOT, CARRIE</b>	
STREET ADDRESS	<b>725 KENSINGTON LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>BRANDON, FL 33511</b>	
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 an other like empowered.

SIGNATURE: *Ernest Headen* **ERNEST HEADEN** 4/11/03 813-980-1000

CR2E037 (10/02)