## **2004 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## FILED Jun 01, 2004 8:00 am Secretary of State 06-01-2004 90007 026 \*\*\*\*61.25

DOCUMENT # N9700004570  1. Entity Name KENSINGTON GOLF & COUNTRY CLUB, INC.					06-01-2004 90007 026 ****61.25				.25
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Principal Place 2700 PINE R NAPLES, FL	IDGE ROAD	Mailing Address 2700 PINE RIDGE ROAD NAPLES, FL 34109			l (telski bis ibili	I <b>er</b> u <b>at</b> in <b>ar</b> ni <b>ar</b>		5 <b>4</b> 05(	
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05142004 C	hg-NP	CR2E03	7 (10/03)	
City & State	е	City & State			4. FEI Number 65-041844	9	•	<u> </u>	plied For at Applicable
Zip -	Country	Zip	Country		5. Certificate of St	atus Desired		\$8.75 Add	litional
<del></del>	6. Name and Address of Current R				7. Name and Add	ress of New F			
			Name	( itos	SEPH DYER	e mil 1			
DILL, VIRG 2988 ST B	Street A		O. Box Number is	Not Acceptabl	e) .				
NAPLES, F	FL 34105		. ĭ ·	5072	Kensingto	n Hieh	 St.		
			City	Napl			FL	Zip Code	 05
8. The above the obligat	named entity submits this statement for ions of registered agent	the purpose of changing its re	egistered office of	or registere	ed agent, or both, in	the State of Fl	orida. I am f	amiliar with,	and accept
()	- bould fore	}	Secreta	iry _	i		5/21/	04	
SIGNATURE.	Signature, typed or printed name of existered agent an	od title if applicable. (NOTE:	Registered Agent signs				DATE	<u>u /                                     </u>	<del></del>
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D	Filing Fee Is \$61/25 ye by September 8, 2004	9. Election Camp Trust Fund Co	oaign Financing		\$5.00 May Be Added to Fees		Make check		
10. De	Filing Fee is \$61/25	9. Election Camp Trust Fund Co	oaign Financing			Flor	rida Deparl	ment of St	ate
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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 AND TYPED OR PRI ED NAME OF SIGNING OFFICER OR DIRECTOR