


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000006606		
1. Entity Name KENSINGTON ESTATES HOMEOWNERS' ASSOCIATION OF HILLSBOROUGH, INC.		
Principal Place of Business 1443 KENSINGTON WOODS DR LUTZ, FL 33549	Mailing Address P.O. BOX 658 LUTZ, FL 33548	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MADILL, DAVID J 1443 KENSINGTON WOODS DR LUTZ, FL 33549		DO NOT WRITE IN THIS SPACE
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><i>David J. Madill</i></u> TREASURER DAVID J. MADILL <u>1/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GATES, TOM 1416 KENSINGTON WOODS DR LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEMARIA, MELISSA 1456 KENSINGTON WOODS DR. LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EUBANK, BRUNY 1408 KENSINGTON WOODS DR LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADILL, DAVID 1443 KENSINGTON WOODS DR LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARCIA, MELISSA 1456 KENSINGTON WOODS DR LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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><i>David J. Madill</i></u> TREASURER <u>1/22/07</u> (813) 299-5044 <small>SIGNATURE AND TYPED OR PRINTED NAME OF Sponsoring OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000607296
01/31/07-80032-007 61.25

**DO NOT WRITE
IN THIS SPACE**