04061999-90021-028-$61.25-$61.25

FILED
Apr 06, 1999 8:00 am
Secretary of State
04-06-1999 90021 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #: N98000001837

1. Corporation Name
KENSINGTON PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1315 EDGEWATER DRIVE ORLANDO FL 32804	1315 EDGEWATER DRIVE ORLANDO FL 32804

2. Principal Place of Business 21 4808 Kensington Park Blvd Suite, Apt. #, etc. 22 City & State 23 Orlando FL Zip 24 32819 Country 25 US	2a. Mailing Address 26 4808 Kensington Park Blvd Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32819 Country 30 US

3. Date Incorporated or Qualified: 03/27/1998

4. FEI Number: ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SILLIMAN, WILLIAM M 1315 EDGEWATER DRIVE ORLANDO FL 32804	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4808 Kensington Park Blvd. 83 84 City Orlando FL 85 Zip Code 32819

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILLIMAN, WILLIAM M 1315 EDGEWATER DRIVE ORLANDO FL 32804	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 4808 Kensington Park Blvd Orlando, FL 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REICHE, ROBERT B 3943 WATERWITCH COVE CIRCLE ORLANDO FL 32806	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 4808 Kensington Park Blvd. Orlando, FL 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McSWAIN, Michele 4808 Kensington Park Blvd Orlando, FL 32819	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DISSOLVE REQUIRED Robert B. Reiche 4/1/99 407 294 6734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (4/1/98)