

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001837

1. Entity Name

KENSINGTON PARK HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90075 019 ****61.25

Principal Place of Business

Mailing Address

4808 KENSINGTON PARK BLVD.
ORLANDO FL 32819

4808 KENSINGTON PARK BLVD.
ORLANDO FL 32819-3133

2. Principal Place of Business

4814 Kensington Park Blvd.
Suite, Apt. #, etc.

3. Mailing Address

4814 Kensington Park Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number 59-3573195
APPLIED FOR

Applied For

Not Applicable

Zip

32819

Country

Zip

32819

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILLIMAN, WILLIAM M
4802 KENSINGTON PARK BLVD.
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

4814 Kensington Park Blvd

City

Orlando

FL

Zip Code

32819

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	SILLMAN, WILLIAM M	
STREET ADDRESS	4802 KENSINGTON PARK BLVD.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	☐ Delete
NAME	REICHE, ROBERT B	
STREET ADDRESS	4808 KENSINGTON PARK BLVD.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	☐ Delete
NAME	MCSWAIN, MICHELE	
STREET ADDRESS	4802 KENSINGTON PARK BLVD.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☒ Change ☐ Addition
NAME	4814 Kensington Park Blvd	
STREET ADDRESS	4814 Kensington Park Blvd	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		☒ Change ☐ Addition
NAME	4814 Kensington Park Blvd.	
STREET ADDRESS	4814 Kensington Park Blvd.	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		☒ Change ☐ Addition
NAME	4814 Kensington Park Blvd.	
STREET ADDRESS	4814 Kensington Park Blvd.	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)