

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90006 025 ****61.25

DOCUMENT # N98000001837					
1. Entity Name KENSINGTON PARK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business GREYSTONE MGMT CO 1936 LEE RD STE 250 WINTER PARK, FL 32789			Mailing Address GREYSTONE MGMT CO 1936 LEE RD STE 250 WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3573195	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREYSTONE MANAGEMENT COMPANY 1950 LEE RD., STE. 212 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name: <u>Greystone Management Company</u> Street Address (P.O. Box Number is Not Acceptable): <u>1936 Lee Rd Suite 250</u> City: <u>Winter Park</u> FL Zip Code: <u>32789</u>		
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>James C. Armstrong</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE: <u>2/22/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME BARTON, ROBERT STREET ADDRESS 4823 KEENLAND CIR CITY-ST-ZIP ORLANDO, FL 32819	☐ Delete		TITLE D NAME BARTON, ROBERT STREET ADDRESS 4823 KEENLAND CIR CITY-ST-ZIP ORLANDO, FL 32819	☒ Change ☐ Addition	
TITLE S NAME STEGMAN, TERRI STREET ADDRESS 4904 KEENLAND CIR CITY-ST-ZIP ORLANDO, FL 32819	☐ Delete		TITLE T NAME STEGMAN, TERRI STREET ADDRESS 4904 KEENLAND CIR CITY-ST-ZIP ORLANDO, FL 32819	☒ Change ☐ Addition	
TITLE P NAME SARGENT, JEFFREY STREET ADDRESS 4946 KENSINGTON PARK DR CITY-ST-ZIP ORLANDO, FL 32819	☐ Delete		TITLE D NAME SARGENT, JEFFREY STREET ADDRESS 4946 KENSINGTON PARK DRIVE CITY-ST-ZIP ORLANDO, FL 32819	☒ Change ☐ Addition	
TITLE T NAME KROHN, BOB STREET ADDRESS 4867 KEENLAND CIR CITY-ST-ZIP ORLANDO, FL 32819	☐ Delete		TITLE P NAME KROHN, BOB STREET ADDRESS 4867 KEENLAND CIR CITY-ST-ZIP ORLANDO, FL 32819	☒ Change ☐ Addition	
TITLE D NAME BEST, DENNIS STREET ADDRESS 4867 KEENLAND CIR CITY-ST-ZIP ORLANDO, FL 32819	☒ Delete		TITLE S NAME BOONE, SHANNA STREET ADDRESS 4839 KENSINGTON PARK DRIVE CITY-ST-ZIP ORLANDO, FL 32819	☐ Change ☒ Addition	
TITLE D NAME BOONE, JOHN STREET ADDRESS 4839 KENSINGTON PARK DR CITY-ST-ZIP ORLANDO, FL 32819	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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>John Boone</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>2-11-2008</u> Daytime Phone #: <u>407-398-5101</u>		