2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001837

FILED Apr 13, 2009 Secretary of State

Entity Name: KENSINGTON PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7491 CONROY WINDERMERE RD STE A ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** 7491 CONROY WINDERMERE RD STE A ORLANDO, FL 32835 FEI Number: 59-3573195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADERO MANAGEMENT, LLC 7491 CONROY WINDERMERE RD STE A ORLANDO, FL 32835 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARTON, ROBERT Name: Name: 4823 KEENLAND CIR Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: (X) Change () Addition STEGMAN, TERRI Name: STEGMAN, TERRI Name: Address: 4904 KEENLAND CIR Address: 4904 KEENLAND CIR City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: (X) Change () Addition SARGENT, JEFFREY ARTHUR, STANLEY Name: Name: 4808 KENSINGTON PARK BLVD 4946 KENSINGTON PARK DR Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: (X) Change () Addition Name: KROHN, BOB Name: KROHN, ROBERT 4867 KEENLAND CIR Address: Address: 4867 KEENLAND CIR City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: (X) Change () Addition BOONE, SHANNA LUCAS, MARK Name: Name: 4839 KENSINGTON PRK DR 4829 KEENELAND CIR Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KROHN P 04/13/2009