FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

KENSINGTON OF NAPLES, INC.

P93000012695 (1) **DOCUMENT #**

Prinopal Place of Business 800 FIFTH AVE-3 SUFFE 210 NAPLES FL 93940	Mailing Address 600 FIFTH AVE -\$ SUFFE-210 NAPLES FL-33940			
			 Date Incorporated or Qualified 02/18/1993 	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 21 600 Fifth Avenue South	2a. Mailing Address 26 600 Fifth Av	enue South	4. FEI Number 65-0387684	Applied For Not Applicable
Suite, Apt. #, etc. 22 Suite 207	Suite, Apt. #, etc. 27 Suite 207		5. Certificate of Status Desired	See Required
City & State 23 Naples FL	City & State 28 Naples FL		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country 25 USA	Zin'	Country 30 USA	8. This corporation has liability for in Florida Statutes X Yes	intangible tax under s 199.032,
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
BRUGGER, JOHN N		81 Name John	John N. Brugger	
			600 Fifth Avenue South	
SUITE 210' NAPLES FL 33940		83 Suite	e 207	
		84 Naple		FL 85 Zin Code 33940
11. Pursuant to the provisions of Sections 607.050/ or registered agent, or both, in the State of Flori familiar with, and accept the of ligations of, Sect	2 and 607,1508, Florida Statutes, da. Such change was authorized l ion 607,0505, Florida Statutes.	the above-named corpo- by the corporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE			Apri	1 15, 1996
Signature, typed or printed large a registered agent	no title if applicable (NOTE: I	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE PO	DELETE	1 1 TITLE P		X Change Addition
BRUGGER JOHN N	_	_	nuggon John N	Page 21.00.00

Brugger, John N. 000 FIFTH AVE SUITE 210 STREET ADDRESS 13 STREET ADDRESS 600 Fifth Avenue South, #207 NAPLES FL-Naples, FL 33940 VPD CITY-S1-ZIP 14 CHY-ST-ZIP ☐ DELETE 2 1 TITLE Change ■ Addition STEINER, ANTON-NAME 2.2 NAME Steiner, Anton 600 FIFTH AVE SUITE 210 600 Fifth Avenue South, #207 STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY - ST- ZIP 24 CITY-ST-ZIP Naples, FL 33940 Change DELETE TITLE ☐ Addition 3 1 TITLE Bruccer, Carol-R NAME 3 2 NAME Brugger, Carol R. **600 FIFTH AVE. SUITE 210** 600 Fifth Avenue South, #207 STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL Naples, FL 33940 CHTY - ST - ZIP 34 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST ZIP 4 4 CITY-ST-ZIP DELETE 1H*LE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition Addition 6. 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or on an attachment with an address.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

4-15-96 941-263-6000

CR2E034 (12/95)