

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000038987 (2)

1. Corporation Name

KENSINGTON GOLF & COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

600 5TH AVE S
SUITE 210
NAPLES FL 33940

600 5TH AVE S
SUITE 210
NAPLES FL 33940

3. Date Incorporated or Qualified

06/02/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 600 Fifth Avenue South

26 600 Fifth Avenue South

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 207

27 Suite 207

City & State

City & State

23 Naples, Florida

28 Naples, Florida

Zip

Country

Zip

Country

24 34102

25 USA

29 34102

30 USA

4. FEI Number

65-0418449

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

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUGGER, CAROL R
600 5TH AVE S
SUITE 210
NAPLES FL 33940

81 Name
Carol R. Brugger

82 Street Address (P.O. Box Number is Not Acceptable)
600 Fifth Avenue South

83 Suite 207

84 City
Naples,

FL

85 Zip Code
34102

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE

Signature type for profit corporation registered agent and state if applicable

July 31, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD-
STEINER, ANTON
2700 PINE RIDGE ROAD
NAPLES FL

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
PVSTD
Steiner, Arlette
2700 Pine Ridge Road
Naples, Florida 34109

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STEINER, ANTON
2700 PINE RIDGE ROAD
NAPLES FL

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STEINER, ANTON
2700 PINE RIDGE ROAD
NAPLES FL

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arlette Steiner President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 1996 (941)649-4440

Date

Original Filing #

CR2E034 (3/96)