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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N19446 (6)

1. Corporation Name

KENT I CV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**138 KENT I
WEST PALM BCH. FL 33417**

Mailing Address

**138 KENT I
WEST PALM BCH. FL 33417-1717**



3. Date Incorporated or Qualified
02/26/1987

3a. Date of Last Report
02/07/1996

4. FEI Number

59-1651365

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SCHONHAUT, MARCELLA
138 KENT I
WEST PALM BCH. FL 33417**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **SCHONHAUT, MARCELLA**
STREET ADDRESS **138 KENT I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE VD ☒ DELETE

NAME **HERVERT, SENIE**
STREET ADDRESS **KENT I-133**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE TD ☒ DELETE

NAME **LAUECK, ANTHONY**
STREET ADDRESS **KENT I-146**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE SD ☒ DELETE

NAME **GABIN, THELMA**
STREET ADDRESS **KENT I-143**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE TD ☒ DELETE

NAME **SENIE, SHIRLY**
STREET ADDRESS **133 KENT I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE D ☒ DELETE

NAME **COLON, EASTHER**
STREET ADDRESS **KENT I-157**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRES** ☐ Change ☒ Addition

1.2 NAME **CHAIRE HESS**
1.3 STREET ADDRESS **137 KENT I**
1.4 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

2.1 TITLE **TREASURER** ☐ Change ☒ Addition

2.2 NAME **BETTY SILVERSTEIN**
2.3 STREET ADDRESS **155 KENT I**
2.4 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

3.1 TITLE **SECRETARY** ☐ Change ☒ Addition

3.2 NAME **SADIE STERLING**
3.3 STREET ADDRESS **136 KENT I**
3.4 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

4.2 NAME **ANTHONY LAUECK**
4.3 STREET ADDRESS **146 KENT I**
4.4 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

5.2 NAME **ESTHER COLON**
5.3 STREET ADDRESS **KENT I 157**
5.4 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

6.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

6.2 NAME **JOSEPHINE MAZZEO**
6.3 STREET ADDRESS **150 KENT I**
6.4 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

14. I do 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 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: **MARCELLA SCHONHAUT** 1-8-97 6409388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)