

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19446

1. Entity Name

KENT I CV CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90060 034 \*\*\*\*61.25

Principal Place of Business

146 KENT I  
WEST PALM BCH. FL 33417

Mailing Address

146 KENT I  
WEST PALM BCH. FL 33417

2. Principal Place of Business

Kent I  
Suite, Apt. #, etc.  
151

City & State

West Palm Beach, FL

Zip

33417

Country

Palm Beach

3. Mailing Address

Kent I  
Suite, Apt. #, etc.  
151

City & State

West Palm Beach, FL

Zip

33417

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1651365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAVECK, ANTHONY  
146 KENT I  
WEST PALM BCH. FL 33417

7. Name and Address of New Registered Agent

Name  
Bevacqua, Marguerite

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

151 Kent I

City

West Palm Beach

FL

Zip Code  
33417

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.

SIGNATURE Marguerite Bevacqua, President

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

(NOTE: Registered Agent signature required when reinstating)

January 15, 2001

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TRES** ☒ Delete  
NAME **BEVACQUA, MARGUERITE**  
STREET ADDRESS **151 KENT I**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

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

TITLE **VP** ☒ Delete  
NAME **HESS, CLAIRE**  
STREET ADDRESS **137 KENT I**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☐ Delete  
NAME **BARBATA, JOAN**  
STREET ADDRESS **152 KENT I**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☐ Delete  
NAME **MAZZEO, JOSEPHINE**  
STREET ADDRESS **150 KENT I**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☒ Delete  
NAME **SENIE, HERBERT**  
STREET ADDRESS **133 KENT I**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Tres** ☒ Change ☐ Addition  
NAME **Hess, Claire**  
STREET ADDRESS **139 Kent I**  
CITY-ST-ZIP **West Palm Beach, FL 33417**

TITLE **S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition  
NAME **Senie, Herbert**  
STREET ADDRESS **133 Kent I**  
CITY-ST-ZIP **West Palm Beach, FL 33417**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)