

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90040 014 \*\*\*\*61.25

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DOCUMENT # N19446

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

2. Principal Place of Business

21 146 KENT I

Suite, Apt. #, etc.

22

23 WEST PALM BCH., FL

Zip Country

24 33417-1718 25 USA

2a. Mailing Address

26 146 KENT I

Suite, Apt. #, etc.

27

28 WEST PALM BCH., FL

Zip Country

29 33417-1718 30 USA

3. Date Incorporated or Qualified

02/26/1987

4. FEI Number

59-1651365

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SCHOUHAUT, MARCELLA  
138 KENT I  
WEST PALM BCH. FL 33417

10. Name and Address of New Registered Agent

81 Name ANTHONY F. LAVECK

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

83 146 KENT I

84 City WEST PALM BCH., FL 85 Zip Code 33417

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

Anthony F. Laveck - President

1/12/99

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 TRES  
NAME TONY LEUECK  
STREET ADDRESS 146 KEN ST  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☒ DELETETITLE SEC  
NAME THELMA GABIY  
STREET ADDRESS 143 KEN II  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ DELETETITLE D  
NAME MARQUERITE BEVACQUA  
STREET ADDRESS 151 KEN II  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☒ DELETETITLE D  
NAME WANDA EVANS  
STREET ADDRESS 142 KEN II  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☒ DELETETITLE D  
NAME MAZZEO, JOSEPHINE  
STREET ADDRESS 150 KENT I  
CITY-ST-ZIP W PALM BEACH FL ☐ DELETETITLE D  
NAME COLON, ESTHER  
STREET ADDRESS KENT I-157  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER  
1.2 NAME MARQUERITE BEVACQUA ☐ Change ☐ Addition  
1.3 STREET ADDRESS 151 KENT I  
1.4 CITY-ST-ZIP WEST PALM BCH., FL 334172.1 TITLE ~~THE~~ SECRETARY ☒ Change ☐ Addition  
2.2 NAME THELMA GABIN  
2.3 STREET ADDRESS 143 KENT I  
2.4 CITY-ST-ZIP WEST PALM BCH., FL 334173.1 TITLE VICE-PRESIDENT ☐ Change ☐ Addition  
3.2 NAME CLAIRE HESS  
3.3 STREET ADDRESS 137 KENT I  
3.4 CITY-ST-ZIP WEST PALM BCH., FL 334174.1 TITLE DIRECTOR ☐ Change ☐ Addition  
4.2 NAME MARCELLA SCHONHAUT  
4.3 STREET ADDRESS 138 KENT I  
4.4 CITY-ST-ZIP WEST PALM BCH., FL 334175.1 TITLE DIRECTOR ☒ Change ☐ Addition  
5.2 NAME JOSEPHINE MAZZEO  
5.3 STREET ADDRESS 141 KENT I  
5.4 CITY-ST-ZIP WEST PALM BCH., FL 334176.1 TITLE DIRECTOR ☐ Change ☐ Addition  
6.2 NAME FAYE BALDASSARRE  
6.3 STREET ADDRESS 135 KEN I  
6.4 CITY-ST-ZIP WEST PALM BCH., FL 33417

14. 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 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, with all other like empowered.

SIGNATURE:

Anthony F. Laveck

1/12/99

(561) 471-1426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)