

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90008 038 \*\*\*\*61.25

**DOCUMENT # N19446**

1. Entity Name  
**KENT I CV CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**KENT I  
151  
WEST PALM BCH., FL 33417**

Mailing Address

**KENT I  
151  
WEST PALM BCH., FL 33417**



01142004 No Chg-NP

CR2E037 (10/03)

**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

**BEVACQUA, MARGUERITE  
151 KENT I  
WEST PALM BCH., FL 33417**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SMITH, ELLEN R  
157 KENT I  
WEST PALM BEACH, FL 33417**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GABIN, THELMA  
143 KENT 1  
WEST PALM BEACH, FL 33417**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MARKIEWICZ, ANDRES  
155 KENT I  
WEST PALM BEACH, FL 33417**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BARBATA, JOAN  
152 KENT 1  
WEST PALM BEACH, FL 33417**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Marguerite Bevacqua, Inc.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-16-04*  
Date

*561-689-5556*  
Daytime Phone #