

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

02-24-2005 90027 026 ****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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66007969 01072005 Chg-NP CR2E037 (10/03)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1651385	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BEVACQUA; MARGUERITE 151 KENT I WEST PALM BCH., FL 33417			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Marguerite Bevacqua</u> <i>Marguerite Bevacqua</i> 1/17/05 Signature: typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, ELLEN R 157 KENT I WEST PALM BEACH, FL 33417	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Caponigro, Marie 133 Kent I West Palm Beach, FL 33417	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GABIN, THELMA 143 KENT I WEST PALM BEACH, FL 33417	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKIEWICZ, ANDRES 155 KENT I WEST PALM BEACH, FL 33417	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hess, Claire 137 Kent I West Palm Beach, FL 33417	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBATA, JOAN 152 KENT I WEST PALM BEACH, FL 33417	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZEO, JOSEPHINE 150 KENT I WEST PALM BEACH, FL 33417	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARGUERITE BEVACQUA 151 KENT I WEST PALM BEACH, FL 33417	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joyner, Elaine 154 Kent I West Palm Beach, FL 33417	☐ Change ☒ Addition
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: <u>Marguerite Bevacqua</u> <i>Marguerite Bevacqua</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				561 1/17/05 689-5556 Date Daytime Phone #	