

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90069 001 \*\*\*\*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.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1651365**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

*Marguerite Bevacqua*

**1-7-03**

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TRES** ☐ Delete  
NAME **HESS, CLAIRE**  
STREET ADDRESS **139 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 **EVANS, WANDA**  
STREET ADDRESS **142 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 **SMITH, ELLEN**  
STREET ADDRESS **157 KENT I**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VVP** ☒ Change ☐ Addition  
NAME **Ellen Rose Smith**  
STREET ADDRESS **157 Kent I**  
CITY-ST-ZIP **West Palm Beach, FL 33417**

TITLE **D** ☐ Change ☒ Addition  
NAME **Andrew Markiewicz**  
STREET ADDRESS **155 Kent I**  
CITY-ST-ZIP **West Palm Beach, FL 33417**

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

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

TITLE **D** ☐ Change ☐ Addition  
NAME **SMITH, ELLEN**  
STREET ADDRESS **157 KENT I**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

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*

**1-7-03**

**561-689-5556**

CR2E037 (10/02)