

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90027 022 ****61.25

DOCUMENT # 742764

1. Entity Name

KENT C CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

48 KENT C
WEST PALM BEACH FL 33417
US

Mailing Address

48 KENT C
WEST PALM BEACH FL 33417
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1651339

Applied For

No: Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMALL, IRVING
48 KENT CT
W PALM BCH FL 33417-1706

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 PD ☐ Delete
NAME SMALL, IRVING
STREET ADDRESS 48 KENT C
CITY- ST- ZIP W. PALM BEACH FL 33417

TITLE 1VP ☒ Delete
NAME WEAVER, STEVE
STREET ADDRESS 43 KENT C
CITY- ST- ZIP WEST PALM BEACH FL 33417

TITLE ST ☒ Delete
NAME WEAVER, CHERYL
STREET ADDRESS 43 KENT C
CITY- ST- ZIP WEST PALM BEACH FL 33417

TITLE T ☐ Delete
NAME LEIBOWITZ, EVELYN
STREET ADDRESS 33 KENT C
CITY- ST- ZIP W PALM BCH FL 33417

TITLE 2VP ☐ Delete
NAME RICH, SHIRLEY
STREET ADDRESS 40 KENT C
CITY- ST- ZIP WEST PALM BEACH FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE 1 VP ☒ Change ☐ Addition
NAME CAROLYN WEBB
STREET ADDRESS 39 KENT C
CITY- ST- ZIP W.P.B., FL. 33417

TITLE ST ☒ Change ☐ Addition
NAME PATRICIA SEALANDER
STREET ADDRESS 44 KENT C
CITY- ST- ZIP W.P.B., 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 exemptions contained in Section 119, 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: *Irving Small* IRVING SMALL PRES. 1-23-08 561 615-5236