

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 742765

1. Entity Name

KENT D CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

59 KENT D.
W PALM BCH FL 33417
US

59 KENT D.
W PALM BCH 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

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER, HAROLD
KENT D 59
WEST PALM BEACH FL 33417

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

Harold Becker

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Jan 19 2007

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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
NAME: BECKER, HAROLD
STREET ADDRESS: 59 KENT D
CITY-STATE-ZIP: W PALM BEACH FL 33417 ☐ Delete

TITLE: SD
NAME: RUSSO, HELEN
STREET ADDRESS: 53 KENT D
CITY-STATE-ZIP: W. PALM BEACH FL 33417 ☐ Delete

TITLE: S
NAME: HOFFMAN, FRANCIS
STREET ADDRESS: 58 KENT D
CITY-STATE-ZIP: W. PALM BEACH FL 33417 ☐ Delete

TITLE: VPD
NAME: NAVIGATE, RICHARD
STREET ADDRESS: 61 KENT D
CITY-STATE-ZIP: WEST PALM BEACH FL 33417 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: 000000594785
STREET ADDRESS: 01/23/07-80015-004 61.25
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-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:

Harold Becker HAROLD BECKER

Jan 19 2007 697-2703