2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 742765

Entity Name: KENT D CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

59 KENT D.
W PALM BCH, FL 33417 US

New Principal Place of Business:

58 KENT D
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

59 KENT D.
W PALM BCH, FL 33417 US

New Mailing Address:

58 KENT D
WEST PALM BEACH, FL 33417 US

FEI Number: 59-1805124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER, HAROLD
KENT D 59
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

HOFFMANN, JOHN
58 KENT D
WEST PALM BEACH, FL 33417 US

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.

SIGNATURE: JOHN HOFFMANN 04/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BECKER, HAROLD
Address: 59 KENT D
City-St-Zip: W PALM BEACH, FL 33417

Title: SD ( ) Delete
Name: RUSSO, HELEN
Address: 53 KENT D
City-St-Zip: W. PALM BEACH, FL 33417

Title: S ( ) Delete
Name: HOFFMAN, FRANCIS
Address: 58 KENT D
City-St-Zip: W. PALM BEACH, FL 33417

Title: VP (X) Delete
Name: HOFFMAN, JOHN
Address: 58 KENT D
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOFFMANN, JOHN
Address: 58 KENT D
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP (X) Change ( ) Addition
Name: QUENNEVILLE, MOREL
Address: 60 KENT D
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S (X) Change ( ) Addition
Name: RUSSO, HELEN
Address: 53 KENT D
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE CORONA MS 04/08/2009
Electronic Signature of Signing Officer or Director Date