## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 13, 2008 8:00 am Secretary of State

DOCUMENT # 742766  1. Entity Name KENT E CONDOMINIUM ASSOCIATION, INC.				2-13-2008 9002	4 037 ****61	25		
Principal Place of Business KENT E 70 CENTURY VILLAGE WEST PALM BEACH, FL 33417-1709  Mailing Address SEACREST SERVICES, INC 2400 CENTER PARK W DR WEST PALM BEACH, FL 33417-1709  WEST PALM BEACH, FL 3			DRIVE, SUITE 175					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				: <b>1</b>		
Suite, Apt, #, etc.		Suite, Apt. #, etc.		01232008 Ch	g-NP CR2E	E037 (12/06)		
City & State		City & State		4. FEI Number 59-1652042	2	<del> </del>	lied For Applicable	
Žip — .	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Addition	onal	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registere	d Agent		
CEDAMI AMEDICO			Name	Name				
SERAMI, AMERICO KENT E 70 CENTURY VILLAGE			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
W PALM BCH, FL 33417			City			■ Zip Code		
$\mathcal{N}_{u}^{-}$	tometer 4. L	rooks	1		=	'L		
	named entity submits this statement for	the purpose of changing its	registered office or r	registered agent, or both, in t	he State of Florida. Ta	am familiar with, ar	nd accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  (NOTE: Registered Agent signature required when reinstating)						1		
SIGNATURE.	Signature, typed or printed name of registered agent	M - LOTE	Dollar Registered Agent signature	e required when rainstating)	e lary	2/19	108	
SIGNATURE.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C	paign Financing ontribution. [	\$5.00 May Be Added to Fees	Make ch Florida Del	eck payable to partment of Stat		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of 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: ∠

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

2/8/08 508320516