

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-13-2008 90024 037 \*\*\*\*61.25

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| <b>DOCUMENT # 742766</b><br>1. Entity Name<br><b>KENT E CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |   |  |   |
| Principal Place of Business<br><b>KENT E 70<br/>CENTURY VILLAGE<br/>WEST PALM BEACH, FL 33417-1709</b>   |  |  | Mailing Address<br><b>SEACREST SERVICES, INC<br/>2400 CENTER PARK W DRIVE, SUITE 175<br/>WEST PALM BEACH, FL 33409-6405</b> |  |   |
| 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   |  |   |
| 01232008 Chg-NP CR2E037 (12/06)  |  | 4. FEI Number<br><b>59-1652042</b>   |   |  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |  |   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |   |  |   |
| <b>SERAMI, AMERICO<br/>KENT E 70<br/>CENTURY VILLAGE<br/>W PALM BCH, FL 33417</b>  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |   |
| 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 <i>Antoinette M. Brooks</i> Secretary <i>2/10/08</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be<br/>Added to Fees</b>         |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |  |   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>SERAMI, AMERICO<br>KENT E 70 CEN VILLAGE<br>WEST PALM BEACH, FL 33417     | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MARIA TREASURER<br>Metelski<br>78 KENT E - CV - W PALM BEACH FL 33417 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TR<br>SCHLOSS, HEIDI<br>KENT E 76 CEN VILLAGE<br>WEST PALM BEACH, FL 33417     | <input checked="" type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | WILLIAM TENAGLIA<br>25 KENT E - C.V.<br>W. PALM BEACH FL 33417        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TS<br>BROOKS, ANTOINETTE<br>KENT E 74 CEN VILLAGE<br>WEST PALM BEACH, FL 33417 | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MARY LALLEY<br>77 KENT E - CV<br>W. PALM BEACH FL 33417               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>FINN, KITTY<br>KENT E 65 CEN VILLAGE<br>WEST PALM BEACH, FL 33417        | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TR<br>BROOKS, RICHARD<br>74 KENT E<br>WEST PALM BEACH, FL 33417                | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| 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 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. |  |  |   |  |   |
| <b>SIGNATURE:</b> <i>Antoinette M. Brooks</i> <i>2/8/08</i> <i>5083205164</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |   |  |   |