

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-14-2006 90018 047 ****61.25

66007377



151 MOORE CR2E037 (10/05)

DOCUMENT # 742767

1. Entity Name

KENT F CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O FARIDA SHAKEER
82 KENT F
WEST PALM BEACH FL 33417

Mailing Address

C/O FARIDA SHAKEER
82 KENT F
WEST PALM BEACH FL 33417

2. Principal Place of Business

Suite, Apt. #, etc.

81 Kent F

City & State

W.P.B. FL

Zip

33417

Country

Palm Beach

3. Mailing Address

Suite, Apt. #, etc.

81 Kent F

City & State

W.P.B. FL

Zip

33417

Country

Palm Beach

4. FEI Number

59-1636948

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAKEER, FARIDA
82 KENT F
WEST PALM BEACH FL 33417-1712

7. Name and Address of New Registered Agent

Name Michael Marotta
Street Address (P.O. Box Number is Not Acceptable)
81 Kent F
City West Palm Beach FL Zip Code 33417

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 Michael Marotta

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

(NOTE: Registered Agent signature required when filing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	<input checked="" type="checkbox"/> Delete
NAME	SHAKEER, FARIDA	
STREET ADDRESS	82 KENT F	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANCHEZ, TERESA	
STREET ADDRESS	83 KENT F	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NAGLIC, FANIKA	
STREET ADDRESS	96 KENT F	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SELMA, JOAN	
STREET ADDRESS	84 KENT F	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL MAROTTA	
STREET ADDRESS	81 Kent F	
CITY-ST-ZIP	W.P.B. FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENZO MARTELLI	
STREET ADDRESS	89 KENT F	
CITY-ST-ZIP	W.P.B. FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Marotta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06
Date

561
697-9163
Certificate Number



ATTACHMENT

66007377

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

KENT F CONDOMINIUM ASSOCIATION, INC.
C/O FARIDA SHAKEER
82 KENT F
WEST PALM BEACH, FL 33417

Subject: KENT F CONDOMINIUM ASSOCIATION, INC.

Reference Number: 742767

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION