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**Jul 09, 1999 8:00 am**
**Secretary of State**
07-09-1999 90018 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742768 ✓

1. Corporation Name
KENT G CONDOMINIUM ASSOCIATION, INC.

609917 - 90014 - 19

| Principal Place of Business | Mailing Address |
|---|---|
| KENT G 98<br>CENTURY VILLAGE<br>WEST PALM BEACH FL 33417<br>US | KENT G 98<br>CENTURY VILLAGE<br>WEST PALM BEACH FL 33417<br>US |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 1 WEST PALM BEACH | 26 98 KENT G |
| Suite, Apt. #, etc.<br>2 | Suite, Apt. #, etc.<br>27 |
| City & State<br>3 WEST PALM BEACH FL | City & State<br>28 SAME |
| Zip 4 33417 Country 25 U.S.A. | Zip 29 SAME Country 30 |

3. Date Incorporated or Qualified: 05/08/1978

4. FEI Number: 59-1650830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent

~~FREEMAN, GERTRUDE~~
~~104 KENT G~~
W. PALM BCH FL 33417

SAMUEL S. WAXMAN
98 Kent G
WEST PALM BEACH
FLORIDA

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Samuel S. Waxman Treasurer 7-16-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~ETTELMAN, ANNA~~<br>~~KENT G 99~~<br>W. PALM BCH FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PRESIDENT<br>ETHEL STREIM<br>107 KENT G<br>WEST PALM BEACH FL 33417 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STREIM, ETHEL<br>KENT G 103 CEN VILL<br>WEST PALM BEACH FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | TREASURER D<br>SAMUEL S. WAXMAN<br>98 KENT G<br>WEST PALM BEACH FL 33417 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSP<br>~~FREEMAN, GERTRUDE~~<br>~~KENT G 104 CEN VILL~~<br>~~WEST PALM BEACH FL~~ | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | SECRETARY D<br>GISELLE PUTZ<br>106 KENT G<br>WEST PALM BEACH FL. 33417 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~BOCKNEK, JACK~~<br>~~KENT G 97 CEN VILL~~<br>WEST PALM BEACH FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED Samuel S. Waxman 7-7-99 561 689 5538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #