

2001 UNIFORM BUSINESS REPORT (UBR)

1/30

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-30-2001 90217 045 ****61.25

DOCUMENT # 742768

1. Entity Name

KENT G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

109
KENT G
WEST PALM BEACH FL 33417
US

Mailing Address

109
KENT G
WEST PALM BEACH FL 33417
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1650830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAXMAN, SAMUEL S
98 KENT G
W. PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name: **GARTANO DE ROSA**
Street Address (P.O. Box Number is Not Acceptable)
109 KENT G
W. PALM BEACH FL. 33417
City **FL** Zip Code

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.

SIGNATURE

Gartano De Rosa

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STREIM, ETHEL	
STREET ADDRESS	109 KENT G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WAXMAN, SAMUEL S	
STREET ADDRESS	98 KENT G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PUTZ, GISELLE	
STREET ADDRESS	108 KENT G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	PT	<input type="checkbox"/> Delete
NAME	DEROSA, GARCIA	
STREET ADDRESS	109 KENT G	
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	LORRAINE AVERBACH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 KENT G	
STREET ADDRESS	WEST PALM BEACH FL 33417	
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD SACHNOFF	
STREET ADDRESS	100 KENT G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DE ROSA GARTANO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	109 KENT G	
STREET ADDRESS	W. PALM BEACH FL 33417	
CITY-ST-ZIP		
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		

12. 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 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:

Gartano De Rosa

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

01-20-01-561-478-6794

CR2E037 (10/00)