2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State
08-02-2005 90033 039 ****61.25

DOCUMENT # 742768

1. Entity Name
KENT G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
109 KENT G WEST PALM BEACH, FL 33417 US	109 KENT G WEST PALM BEACH, FL 33417 US

07272005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
101 Kent-G	101 Kent. G
Suite, Apt. #, etc.: W. P. B	Suite, Apt. #, etc.: West Palm Beach
City & State: FL,	City & State: ~~[illegible]~~ FL,
Zip: 33417 Country: PB	Zip: 33417 Country: PBC

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	7. Name and Address of New Registered Agent
DE ROSA, GAETANO 109 KENT G W. PALM BCH, FL 33417	Name: Lorraine Averbach Street Address (P.O. Box Number is Not Acceptable): 101 Kent-G City: W. P. B 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: Lorraine Averbach DATE: 7/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DE ROSA, GRETANO 109 KENT G. WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SACHNOFF, HOWARD 100 KENT G WEST PALM BEACH, FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Lorraine Averbach 101 Kent-G W P B. FL. 33417	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PUTZ, GISELLE 106 KENT G WEST PALM BEACH, FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Angela Siciliano 112 Kent-G W.P.B. FL. 33417	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCARDLE, JOE 105 KENT G WEST PALM BEACH, FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Nick D'Ambrosio 108 Kent G WPB FL. 33417	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MALOWISKI, ABE 97 KENT G WEST PALM BEACH, FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Gisela Putz 107 Kent G WPB. FL 33417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ Change ☐ Addition

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: Lorraine Averbach Lorraine Averbach 7/29/05 561-688-2246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #