

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90017 009 ****61.25

DOCUMENT # 742768

1. Entity Name
KENT G CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**101 KENT G
WEST PALM BEACH, FL 33417 US**

Mailing Address
**101 KENT G
WEST PALM BEACH, FL 33417 US**

40044192



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1650830

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**AVERBACH, LORRAINE
101 KENT G
W. PALM BCH, FL 33417**

Name **BURTON ARTZT**
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 *Burton Artzt*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD ☒ Delete
NAME DE ROSA, GRETANO
STREET ADDRESS 109 KENT G.
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE **President** ☐ Change ☒ Addition
NAME **BURTON ARTZT**
STREET ADDRESS **101 KENT-G**
CITY-ST-ZIP **W.P.B, FL. 33417**

TITLE TD ☒ Delete
NAME ARTET, LORRAINE
STREET ADDRESS 101 KENT G
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE **TD** ☐ Change ☒ Addition
NAME **Judy Malawski**
STREET ADDRESS **97 KENT-G**
CITY-ST-ZIP **WPB FL. 33417**

TITLE SD ☒ Delete
NAME SACHNOFF, HOWARD
STREET ADDRESS 112 KENT G
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE **VD** ☐ Change ☒ Addition
NAME **GAETANO DE ROSA**
STREET ADDRESS **109 KENT-G**
CITY-ST-ZIP **WPB FL. 33417**

TITLE VD ☒ Delete
NAME D'AMBROSIO, NICK
STREET ADDRESS 108 KENT G
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE **SD** ☐ Change ☒ Addition
NAME **Abe Malawski**
STREET ADDRESS **97 KENT-G**
CITY-ST-ZIP **WPB FL. 33417**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **NICK D'AMBROSIO**
STREET ADDRESS **108 KENT-G**
CITY-ST-ZIP **WPB, FL. 33417**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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.

SIGNATURE: *Burton Artzt* - BURTON ARTZT-PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07 561-688-2246
Date Daytime Phone #