

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90365 047 ****61.25

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1. Entity Name

KENT II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2517 SANTA BARBARA BLVD
CAPE CORAL, FL 33914

Mailing Address

PROFESSIONALLY YOURS INC
PO BOX 100831
CAPE CORAL, FL 33910 US

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

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2074575

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

TEAGUE, GEORGE
PROFESSIONALLY YOURS, INC.
2517 SANTA BARBARA BLVD STE 11
CAPE CORAL, FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

2503 Del Prado blvd. #500

City Cape Coral

FL

Zip Code 33904

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE - PD ☒ Delete
NAME MANTIA, PAUL
STREET ADDRESS 4931 VINCENNES COURT # 5
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE - VP ☐ Delete
NAME ORMOND, AUGUSTINE
STREET ADDRESS 15 LENOX ST
CITY-ST-ZIP WORCESTER, MA 01602

TITLE - S ☒ Delete
NAME FERRARA, GIUSEPPE
STREET ADDRESS 4931 VINNENNES CT STE 11
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE - P ☐ Change ☐ Addition
NAME Chester Swearingen
STREET ADDRESS 4931 Vincennes Ct. #3
CITY-ST-ZIP Cape Coral, FL 33904

TITLE - S/T ☒ Change ☐ Addition
NAME Augustine Ormond
STREET ADDRESS 4931 Vincennes Ct #12
CITY-ST-ZIP Cape Coral, FL 33904

TITLE - VP ☐ Change ☐ Addition
NAME Charles Olbrion
STREET ADDRESS 4931 Vincennes Ct #9
CITY-ST-ZIP Cape Coral, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-07