


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90173 039 \*\*\*\*61.25

<b>DOCUMENT # 746786</b> 1. Entity Name <b>KENT I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4923 VINCENNES COURT CAPE CORAL, FL 33904</b>			Mailing Address <b>507 S.W. 47TH TERRACE CAPE CORAL, FL 33904</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1898226</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DRIFKA, BEVERLY CENTURY 21 SUNBELT REALTY 506 S.W. 47TH TERRACE CAPE CORAL, FL 33914</b>				7. Name and Address of New Registered Agent  Name <b>GEORGE TEAGUE</b> Street Address (P.O. Box Number is Not Acceptable) <b>PROFESSIONAL BUES, INC</b>  <b>2517 Santa Barbara Blvd., #11 Cape Coral, FL 33914</b>	
8. The above named entity submits this statement for the purpose of changing its registered agent. <input checked="" type="checkbox"/> the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENAVIDES, MARTIN 4923 VINCENNES CT., #11 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEREMIAH WISNER 4923 VINCENNES CT #7 CAPE CORAL FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, CYNTHIA 4923 VINCENNES CT., #5 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN THORNTON 4923 VINCENNES CT. #11 CAPE CORAL FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BIANCA, GAIL 16501 ARBOR RIDGE DRIVE FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MICHAEL NICHOLAS 4923 VINCENNES CT #5 CAPE CORAL FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jeremiah Wisner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/20/06</u> Daytime Phone # <u>(239) 839-6662</u>		