

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90140 009 ****61.25

DOCUMENT # N00000001938

1. Entity Name

**CENTURY VILLAGE KENT B CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**KENT B CONDOMINIUM
17
WEST PALM BEACH FL 33417
US**

Mailing Address

**KENT B CONDOMINIUM
17
WEST PALM BEACH FL 33417
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**SEACREST SERVICES, INC.
2400 CENTRE PARK W. DRIVE
#175
WEST PALM BEACH, FL 33409**

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1638488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRAVETZ, HAROLD
17 KENT B
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name

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

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. 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	KRAVETZ, HAROLD	
STREET ADDRESS	17 KENT B	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YALLEN, STANLEY	
STREET ADDRESS	20 KENT B - CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YALLEN, BETTY	
STREET ADDRESS	20 KENT B CONDOMINIUM, CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LISCIOITTO, JULIA	
STREET ADDRESS	30 KENT B	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLETTNER, CHARLES	
STREET ADDRESS	31 KENT B	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COVELMAN, ALBERT	
STREET ADDRESS	26 KENT B	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	ASSISTANT TO VICE PRESIDENT	<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ANN SHARP	
STREET ADDRESS	19 KENT B	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33417	

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: Harold Kravetz - HAROLD KRAVETZ 3/22/05 561-640-9989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #