


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90055 014 ****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 SEACREST SERVICES, INC. 2400 CENTRE PARK W DRIVE, # 175 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1638488	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KRAVETZ, HAROLD 17 KENT B WEST PALM BEACH, FL 33417				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAVETZ, HAROLD		NAME	BETTY YALLEN	
STREET ADDRESS	17 KENT B		STREET ADDRESS	20 KENT B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPELLMAN, JOHN		NAME	ARLEY DOWNS	
STREET ADDRESS	27 KENT B		STREET ADDRESS	31 KENT B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANGLER, ELLIE		NAME		
STREET ADDRESS	21 KENT B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LISCIOITTO, JULIA		NAME		
STREET ADDRESS	30 KENT B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAC PHERSON, ANGUS		NAME		
STREET ADDRESS	32 KENT B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARP, MARY ANN		NAME		
STREET ADDRESS	19 KENT B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		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: Harold Kravetz, HAROLD KRAVETZ			2/6/08 561-640-9989		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		