

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90177 033 \*\*\*\*61.25

**DOCUMENT # N17377**

1. Entity Name

**KENT H CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**C/O MARION HOFF  
 KENT H 132  
 WEST PALM BEACH FL 33417**

**C/O MARION HOFF  
 KENT H 132  
 WEST PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1640799**

Applied For

Not Applicable

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

**HOFF, GEORGE  
 KENTH 132  
 WEST PALM BEACH FL 33417**

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.

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**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                   |                                 |
|------------------------------------------------|-------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>HOFF, MARION<br/>KENT H 132<br/>WEST PALM BEACH FL</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>BASSETH, ROSALIE<br/>KENT H 120<br/>W.P.B. FL</b>        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>CHEVIER, GERARD<br/>KENT H 129<br/>WEST PALM BCH FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>OWGANG, VIVIAN<br/>KENT H 116<br/>WEST PALM BEACH FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Delete |

|                                                |                                                         |                                                                                      |
|------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>LARRY BRODER<br/>KENT #125<br/>W. Palm Beach FL</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>B.D. |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>RAY MESQUIDA<br/>KENT H 131<br/>W. Palm Beach FL</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>B.D. |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ROGER GROULX<br/>KENT H 127<br/>W. Palm Beach FL</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>B.D. |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |

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:** *Marion Hoff*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/15/01* *561-482 4869*

CR2E037 (10/00)