# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 10, 2002 8:00 am**
**Secretary of State**
07-10-2002 90195 033 ****61.25

DOCUMENT # N17377

1. Entity Name

KENT H CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MARION HOFF<br>KENT H 132<br>WEST PALM BEACH FL 33417 | C/O MARION HOFF<br>KENT H 132<br>WEST PALM BEACH FL 33417 |

B0128417

DO NOT WRITE IN THIS SPACE

| 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<br>KENTH 132<br>WEST PALM BEACH FL 33417 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**After September 13, 2002, min. will be $236.25.**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HOFF, MARION<br>KENT H 132<br>WEST PALM BEACH FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>GERARD CHEVIER |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T ASSISTANT TREASURER<br>BASSETH, ROSALIE<br>KENT H 120<br>W.P.B. FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>Roger GROULX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CHEVIER, GERARD<br>KENT H 129<br>WEST PALM BCH FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>VIVIAN H. OWGANG |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>OWGANG, VIVIAN<br>KENT H 116<br>WEST PALM BEACH FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VIVIAN H. OWGANG &<br>ANNE-MARIE GROULX<br>Asst. Sec'y<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BD<br>BRODER, LARRY<br>KENT H-125<br>W. PALM BEACH FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>JACK M. WOLLENSTEIN |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BD TREASURER<br>GROULX, ROGER<br>KENT H 127<br>W PALM BEACH FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>Roger Veilleux |

CR2E037 (4/02)

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:** SIGNATURE REQUIRED Jim Hollyday 7/3/02 516-478-3009

Daytime Phone #