


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90064 040 \*\*\*\*61.25

**DOCUMENT # N17377**  
 1. Entity Name  
**KENT H CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 121 KENT H      121 KENT H  
 121      121  
 WEST PALM BEACH FL 33417      WEST PALM BEACH FL 33417

**24033361**



MOORE CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address  
 132 KENT H      132 KENT H  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 132      132

City & State      City & State  
 WEST PALM BEACH, FL      WEST PALM BEACH, FL  
 Zip      Zip      Country      Country  
 33417-7602      USA      33417-7602      USA

4. FEI Number      Applied For  
 59-1640799      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRODY, LEONARD  
 121 KENT H.  
 WEST PALM BEACH FL 33417

*delete*

7. Name and Address of New Registered Agent  
 Name **BEVERLY SEIDEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
 132 KENT H  
 City      State      Zip Code  
 WEST PALM BEACH      FL      33417-7602

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 **BEVERLY SEIDEL - PRESIDENT**      DATE **3/16/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHEVIER, GERARD	
STREET ADDRESS	KENT H 132	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	BASSETH, ROSALIE	
STREET ADDRESS	KENT H 120	
CITY-ST-ZIP	W.P.B. FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	OWGANG, VIVIAN H	
STREET ADDRESS	KENT H 129	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	WOLKENSTEIN, JACK M	
STREET ADDRESS	KENT H-125	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	VEILLEUX, ROGER	
STREET ADDRESS	KENT H 127	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER GROULX	
STREET ADDRESS	127 KENT H	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417-7602	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE SHOLLENBERGER	
STREET ADDRESS	132 KENT H	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417-7602	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE FOURNIER	
STREET ADDRESS	118 KENT H	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-7602	
TITLE	BUILDING ADMINISTRATOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS DE CAROLIS	
STREET ADDRESS	131 KENT H	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417-7602	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY SEIDEL	
STREET ADDRESS	132 KENT H	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417-7602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Beverly Seidel - President**      DATE **3/16/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #