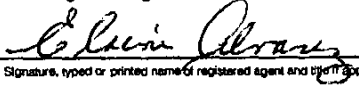


FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90034 004 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N17625			
1. Entity Name KENT M CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O ELAINE ALVAREZ KENT M 215 WEST PALM BEACH, FL 33417-1726 US		Mailing Address C/O ELAINE ALVAREZ KENT M 215 WEST PALM BEACH, FL 33417-1726 US	
2. Principal Place of Business		3. Mailing Address SEACREST SERVICES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 175	
City & State		City & State W.P.B. FL 33409	
Zip	Country	Zip	Country
33409		33409	P.B.C.
4. FEI Number 59-1639590		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, ELAINE 207 KENT M 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 		ELAINE ALVAREZ 2/13/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEISMAN, WILLIAM KENT M-210 WEST PALM BEACH, FL 33417 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUNNY REALE 220 KENT M WEST PALM BEACH, FL 33417 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMMIALYNE, CAPPS 208 KENT M WEST PALM BEACH, FL 33417 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYLES, P. 222 KENT M WEST PALM BEACH, FL 33417 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, ELAINE 207 KENT M WEST PALM BEACH, FL 33417 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALVAREZ, ELAINE 207 KENT M WEST PALM BEACH, FL 33417 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEFTHERIOS, BAZIOTIS 95 GLENMERE DR CRANSTON, RI 02920 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOHMAN, CHRISTINA 216 KENT M WEST PALM BEACH, FL 33417 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISMAN, WILLIAM 210 KENT M WEST PALM BEACH, FL 33417 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NESEBIT GERARD 219 KENT M WEST PALM BEACH, FL 33417 ☐ Change ☒ Addition
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:  VP-D		2/13/06 564-712-9218	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	