

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90279 001 \*\*\*\*\*8.75  
03-30-2007 90279 002 \*\*\*\*\*61.25

**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  
**SEACREST SERVICES  
2400 CENTER PARK W DR  
WEST PALM BEACH, FL 33409 US**

**66007311**



03192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #  
**C/O SUNNY REALE**

3. Mailing Address  
**C/O SUNNY REALE**

Suite, Apt. #, etc.  
**220 KENT M**

Suite, Apt. #, etc.  
**220 KENT M**

City & State  
**WEST PALM BEACH FL**

City & State  
**WEST PALM BEACH FL**

Zip  
**33417-1726**

Country  
**USA**

Zip  
**33417-1726**

Country  
**USA**

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  
**SUNNY REALE**  
Street Address (P.O. Box Number is Not Acceptable)  
**220 KENT M**  
**WEST PALM BEACH**  
City  
**WEST PALM BEACH** FL Zip Code  
**33417**

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 **SUNNY REALE**  
Signature, typed or printed name of registered agent and title if applicable.

**SUNNY REALE**  
(NOTE: Registered Agent signature required when reinstating)

**3/27/07**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME **PD & TREASURER** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **REALE, SUNNY  
220 KENT M  
WEST PALM BEACH, FL 33417**

TITLE  
NAME **D** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **TOMMIALYNE, CAPPS  
208 KENT M  
WEST PALM BEACH, FL 33417**

TITLE  
NAME **VP D** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **ALVAREZ, ELAINE  
207 KENT M  
WEST PALM BEACH, FL 33417**

TITLE  
NAME **S & VP D** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **LOHMAN, CHRISTINA  
216 KENT M  
WEST PALM BEACH, FL 33417**

TITLE  
NAME **WEISMAN, WILLIAM** ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP **210 KENT M  
WEST PALM BEACH, FL 33417**

TITLE  
NAME **D** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **NESBIT, GERARD  
219 KENT M  
WEST PALM BEACH, FL 33417**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **PD & T** ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP **SUNNY REALE  
220 KENT M  
WEST PALM BEACH FL 33417** office

TITLE  
NAME **D** ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP **TOMMIALYNE CAPPS  
208 KENT M  
WEST PALM BEACH FL 33417**

TITLE  
NAME **D** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP **ELAINE ALVAREZ  
207 KENT M  
WEST PALM BEACH FL 33417** office

TITLE  
NAME **S & VP D** ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP **CHRISTINA LOHMAN  
216 KENT M  
WEST PALM BEACH FL 33417** office

TITLE  
NAME **WEISMAN, WILLIAM** ☒ Change ☒ Deletion  
STREET ADDRESS  
CITY-ST-ZIP **210 KENT M  
WEST PALM BEACH, FL 33417**

TITLE  
NAME **D** ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP **GERARD NESBIT  
219 KENT M  
WEST PALM BEACH FL 33417**

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: **SUNNY REALE** **SUNNY REALE** **3/27/07** (561) 682-9120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #