2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N17625

Entity Name: KENT M CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/OSUNNY REALE
220 KENT M
WEST PALM BEACH, FL 334171726 US

New Principal Place of Business:

C/O SUNNY REALE
220 KENT M
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

C/OSUNNY REALE
220 KENT M
WEST PALM BEACH, FL 334171726 US

New Mailing Address:

SEACREST SERVICES INC
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33417 US

FEI Number: 59-1639590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REALE, SUNNY
220 KENT M
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: REALE, SUNNY
Address: 220 KENT M
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D ( ) Delete
Name: TOMMIALYNE, CAPPS
Address: 208 KENT M
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D ( ) Delete
Name: ALVAREZ, ELAINE
Address: 207 KENT M
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SVPD ( ) Delete
Name: LOHMAN, CHRISTINA
Address: 216 KENT M
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D (X) Delete
Name: MOYLES, PORICK
Address: 222 KENT M
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: REALE, SUNNY
Address: 220 KENT M
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VPS (X) Change ( ) Addition
Name: LOHMAN, CHRISTINA
Address: 216 KENT M
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D (X) Change ( ) Addition
Name: MOYLES, PATRICK
Address: 222 KENT M
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D (X) Change ( ) Addition
Name: ALVAREZ, ELAINE
Address: 207 KENT M
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE CORONA MS 03/25/2009

Electronic Signature of Signing Officer or Director — Date