

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17625

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** KENT M CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

KENT M C/O 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:**

REALE, SUNNY  
5274 TIFFANY ANNE CIR  
WEST PALM BEACH, FL 33417 US

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:

03/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: REALE, SUNNY  
Address: 5274 TIFFANY ANNE CIR  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VPS  
Name: LOHMAN, CHRIS  
Address: 216 KENT M  
City-St-Zip: WEST PALM BEACH, FL 33417 US

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

Title: D  
Name: NESBITT, GERARD  
Address: 219 KENT M  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: BARANOFF, LILLIAN  
Address: 213 KENT M  
City-St-Zip: WEST PALM BEACH, FL 33417 US

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

I hereby 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 all other like empowered.

SIGNATURE: GALE CORONA

MS

03/29/2010

Electronic Signature of Signing Officer or Director

Date