


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90037 043 ****61.25

DOCUMENT # N17785	
1. Entity Name KENT K CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business KENT K 177 WEST PALM BEACH FL 33417	Mailing Address 177 KENT K 177 WEST PALM BEACH FL 33417
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2. Principal Place of Business - No P.O. Box # KENT K 177 City & State W.P.B. FL Zip 33417	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA
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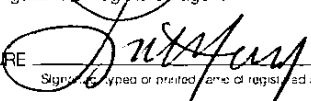
4. FEI Number 59-1636145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent YANOFSKY, LILLIAN 177 KENT K 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  DATE 1-20-07
Signature typed or printed name of registered agent must file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input type="checkbox"/> Delete YANOFSKY, LILLIAN 177 KENT K WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY ST ZIP	SD <input type="checkbox"/> Delete MANFRE, DOREEN KENT K 190 WEST PALM BEACH FL 33417
TITLE NAME STREET ADDRESS CITY ST ZIP	VD <input type="checkbox"/> Delete FICERA, MARY KENT K, 180 WEST PALM BEACH FL 33417
TITLE NAME STREET ADDRESS CITY ST ZIP	TD <input type="checkbox"/> Delete SCURDATO, ANGELO KENT K 182 WEST PALM BEACH FL 33417
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE 1-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR