

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17785

FILED
Feb 28, 2009
Secretary of State

Entity Name: KENT K CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

KENT K
177
WEST PALM BEACH, FL 33417

Current Mailing Address:

177 KENT K
177
WEST PALM BEACH, FL 33417

New Principal Place of Business:

KENT K
188
WEST PALM BEACH, FL 33417

New Mailing Address:

C/O 182 KENT K
182
WEST PALM BEACH, FL 33417

FEI Number: 59-1636145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YANOFSKY, LILLIAN
177 KENT K
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

DOYLE, ADRIAN
188 KENT K
ADRIAN DOYLE
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: ADRIN DOYLE

02/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YANOFSKY, LILLIAN
Address: 177 KENT K
City-St-Zip: WEST PALM BEACH, FL

Title: SD () Delete
Name: MANFRE, DOREEN
Address: KENT K 190
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD () Delete
Name: FICERA, MARY
Address: KENT K, 180
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD () Delete
Name: SCURDATO, ANGELO
Address: KENT K 182
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOYLE, ADRIAN
Address: 188 KENT K
City-St-Zip: WEST PALM BEACH, FL

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

Title: VD (X) Change () Addition
Name: ROJAS, MIGUEL
Address: KENT K, 178
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD (X) Change () Addition
Name: OLIVERI, CATHY
Address: KENT K 183
City-St-Zip: WEST PALM BEACH, FL 33417

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: DOREEN MANFRE

SEC

02/28/2009

Electronic Signature of Signing Officer or Director

Date