

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19684** (2)

1. Corporation Name
KENT A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: % HERBERT BUCK, KENT A-16, WEST PALM BEACH FL 33417 US
Mailing Address: 1 KENT A, C/O REINHARDT, RALPH, KENT A-1, W. PALM BEACH FL 33417-1701 US

3. Date Incorporated or Qualified: 03/16/1987
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-1633342
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**REINHARDT, RALPH
CENTURY VILLAGE
KENT A-1
W. PALM BEACH FL 33417**

10. Name and Address of New Registered Agent
81 Name: **SCHLOSSBERG, ROBERT**
82 Street Address (P.O. Box Number is Not Acceptable): **9 KENT A**
83 City: **CENTURY VILLAGE**
84 City: **W. PALM BEACH** FL 85 Zip Code: **33417-1702**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.
SIGNATURE: *Robert Schlossberg* Robert Schlossberg DATE: 5-1-96

12. OFFICERS AND DIRECTORS

TITLE	PD	REINHARDT, RALPH	DELETED
NAME		KENT A-1	
STREET ADDRESS		W. PALM BEACH FL	
CITY-ST-ZIP			
TITLE	VPD	BOXER, BEN	DELETED
NAME		KENT A-11	
STREET ADDRESS		W. PALM BEACH FL	
CITY-ST-ZIP			
TITLE	STD	SCHLOSSBERG, ROBERT	DELETED
NAME		KENT A-9	
STREET ADDRESS		W. PALM BEACH FL	
CITY-ST-ZIP			
TITLE	D	ZINNI, MICHAEL	DELETED
NAME		KENT A-2	
STREET ADDRESS		W. PALM BEACH FL	
CITY-ST-ZIP			
TITLE	D	SCHNEIDER, EVE	DELETED
NAME		KENT A-12	
STREET ADDRESS		W. PALM BEACH FL	
CITY-ST-ZIP			
TITLE	D	WALZER, ADELE	DELETED
NAME		KENT A-4	
STREET ADDRESS		W. PALM BEACH FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	ROBERT SCHLOSSBERG	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME		9 KENT A	
1.3 STREET ADDRESS		W. PALM BEACH 3417-1702	
1.4 CITY-ST-ZIP			
2.1 TITLE	VPD	EVE SCHNEIDER	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		12 KENT A	
2.3 STREET ADDRESS		W.P.B., FL 33417-1702	
2.4 CITY-ST-ZIP			
3.1 TITLE	SD	ESTHER PLEECH	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		KENT A	
3.3 STREET ADDRESS		W. P.B., FL. 33417-1702	
3.4 CITY-ST-ZIP			
4.1 TITLE	TD	RALPH REINHARDT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		1 KENT A	
4.3 STREET ADDRESS		W.P.B., FL. 33417-1701	
4.4 CITY-ST-ZIP			
5.1 TITLE	D	DOTTIE BOXER	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		11 KENT A	
5.3 STREET ADDRESS		W.P.B., FL 33417-1702	
5.4 CITY-ST-ZIP			
6.1 TITLE	D	TESS LEVY	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		5 KENT A	
6.3 STREET ADDRESS		W.P.B., FL. 33417-1701	
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Schlossberg* Robert Schlossberg DATE: 5/1/96 PHONE: 407-640-2799

CR2E037 (12/95)