

**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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1633342  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

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: SCHLOSSBERG, ROBERT, 9 KENT A, CENTURY VILLAGE, W. PALM BEACH, FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: REINHARDT, RALPH STREET ADDRESS: KENT A-1 CITY-ST-ZIP: W. PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD ROBERT SCHLOSSBERG 1.2 NAME: 9 KENT A 1.3 STREET ADDRESS: W. PALM BEACH 3417-1702 1.4 CITY-ST-ZIP: W. PALM BEACH 3417-1702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: BOXER, BEN STREET ADDRESS: KENT A-11 CITY-ST-ZIP: W. PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VPD 2.2 NAME: EVE SCHNEIDER 2.3 STREET ADDRESS: 12 KENT A 2.4 CITY-ST-ZIP: W.P.B., FL 33417-1702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: SCHLOSSBERG, ROBERT STREET ADDRESS: KENT A-9 CITY-ST-ZIP: W. PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: SD ESTHER PLEECH 3.2 NAME: KENT A 3.3 STREET ADDRESS: W. P.B., FL. 33417-1702 3.4 CITY-ST-ZIP: W. P.B., FL. 33417-1702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ZINNI, MICHAEL STREET ADDRESS: KENT A-2 CITY-ST-ZIP: W. PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TD RALPH REINHARDT 4.2 NAME: 1 KENT A 4.3 STREET ADDRESS: W.P.B., FL. 33417-1701 4.4 CITY-ST-ZIP: W.P.B., FL. 33417-1701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SCHNEIDER, EVE STREET ADDRESS: KENT A-12 CITY-ST-ZIP: W. PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D DOTTIE BOXER 5.2 NAME: 11 KENT A 5.3 STREET ADDRESS: W.P.B., FL 33417-1702 5.4 CITY-ST-ZIP: W.P.B., FL 33417-1702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WALZER, ADELE STREET ADDRESS: KENT A-4 CITY-ST-ZIP: W. PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D TESSLEVY 6.2 NAME: 5 KENT A 6.3 STREET ADDRESS: W.P.B., FL. 33417-1701 6.4 CITY-ST-ZIP: W.P.B., FL. 33417-1701	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)