
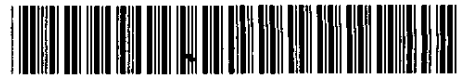


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

01-26-2007 90036 004 ****61.25

DOCUMENT # N19684			
1. Entity Name KENT A CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O ROBERT SCHLOSSBERG 9 KENT A WEST PALM BEACH FL 33417 US		Mailing Address C/O ROBERT SCHLOSSBERG 9 KENT A WEST PALM BEACH FL 33417 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SCHLOSSBERG, ROBERT 9 KENT A CENTURY VILLAGE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE:</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number **59-1633342** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD SCHLOSSBERG, ROBERT 9 KENT A WEST PALM BEACH FL 02 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DAUREL MORIN <input type="checkbox"/> Change <input type="checkbox"/> Addition 6 KENT A W.P.B. FL 33417
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD COCOSSA, FLORENCE 7 KENT A WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	ABRAHAM KAZMAN <input type="checkbox"/> Change <input type="checkbox"/> Addition 10 KENT A W.P.B. FL 33417
TITLE NAME STREET ADDRESS CITY ST ZIP	SD SHIRLON, CLAUDETTE 8 KENT A WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	CHRISTOS KYDONIUS <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 A KENT A W.P.B. FL 33417
TITLE NAME STREET ADDRESS CITY ST ZIP	TD HAHN, FRANCIS 16 KENT A WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MIKE ZINNI <input type="checkbox"/> Change <input type="checkbox"/> Addition 122 EAST Hampton Way, Jupiter FL 33458
TITLE NAME STREET ADDRESS CITY ST ZIP	D ROTHER, MAURICE 184 COUNTY H. WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, ROSALYN 4 KENT - A WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	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: *Robert Schlossberg* **Robert Schlossberg** **1-18-07** **561-640-2799**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #