2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State
02-12-2008 90013 022 ****61.25

DOCUMENT # N19684

1. Entity Name

KENT A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ROBERT SCHLOSSBERG 9 KENT A WEST PALM BEACH FL 33417 US	C/O ROBERT SCHLOSSBERG 9 KENT A WEST PALM BEACH FL 33417 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O ROSALYN WINSTON	
Suite, Apt. #, etc.: 4 KENT A	Suite, Apt. #, etc.
City & State: WEST PALM BEACH	City & State
Zip: 33417 Country: US	Zip Country

4. FEI Number: 59-1633342 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHLOSSBERG, ROBERT 9 KENT A CENTURY VILLAGE WEST PALM BEACH FL 33417	Name: ROSALYN WINSTON Street Address (P.O. Box Number is Not Acceptable): 4 KENT A City: WEST PALM BEACH FL Zip Code: 33417

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: Francis Hahn TREASURER 1-31-08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Florida Department of State

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	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WINSTON ROSALYN 4 KENT A WPB FL 33417	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COCOSSA, FLORENCE 7 KENT A WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ABRAMSON LOTTIE 15 KENT A WPB FL 33417	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHIRLON, CLAUDETTE 8 KENT A WEST PALM BEACH FL 33417	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAHN, FRANCIS 16 KENT A WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTOS KYDONIEUS 12 KENT A WPB FL 33417	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTHER, MAURICE 184 COUNTY H. WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUREL MORIN 6 KENT A WPB FL 33417	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINSTON, ROSALYN 4 KENT - A WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Francis Hahn (TRES) 3-6-08 5616970075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #