


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90007 004 ****61.25

DOCUMENT # 742768
 1. Entity Name
KENT G CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
109 KENT G **109 KENT G**
WEST PALM BEACH FL 33417 **WEST PALM BEACH FL 33417**
US **US**

2. Principal Place of Business 3. Mailing Address
109 KENT G Suite, Apt. #, etc.
WEST PALM BEACH Suite, Apt. #, etc.
 City & State City & State
FL 33417 City & State
 Zip Country Zip Country



MOORE CR2E037 (4/04)

4. FEI Number Applied For
59-1650830 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DE ROSA, GAETANO
109 KENT G
W. PALM BCH 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 *Howard Sachnoff T.P.* DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE ROSA, GRETANO 109 KENT G. WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SACHNOFF, HOWARD 100 KENT G WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUTZ, GISELLE 106 KENT G WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCARDLE, JOE 105 KENT G WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALOWISKI, ABE 97 KENT G WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: *Howard Sachnoff*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #