

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90017 009 \*\*\*\*61.25

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



Principal Place of Business  
**101 KENT G**  
**WEST PALM BEACH, FL 33417 US**

Mailing Address  
**101 KENT G**  
**WEST PALM BEACH, FL 33417 US**

40044192



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03212007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-1650830**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**AVERBACH, LORRAINE**  
**101 KENT G**  
**W. PALM BCH, FL 33417**

7. Name and Address of New Registered Agent  
 Name **BURTON ARTZT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**101 KENT-G**  
 City **W.P.B** 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 *Burton Artzt* DATE **3/27/07**  
Signature, typed or printed name of registered agent as applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DE ROSA, GRETANO	
STREET ADDRESS	109 KENT G.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ARTET, LORRAINE	
STREET ADDRESS	101 KENT G	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SACHNOFF, HOWARD	
STREET ADDRESS	112 KENT G	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	D'AMBROSIO, NICK	
STREET ADDRESS	108 KENT G	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTON ARTZT	
STREET ADDRESS	101 KENT-G	
CITY-ST-ZIP	W.P.B, FL. 33417	
TITLE	FD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Malawski	
STREET ADDRESS	97 KENT-G	
CITY-ST-ZIP	WPB FL. 33417	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAETANO DE ROSA	
STREET ADDRESS	109 KENT-G	
CITY-ST-ZIP	WPB FL. 33417	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abe Malawski	
STREET ADDRESS	97 KENT-G	
CITY-ST-ZIP	WPB FL. 33417	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICK D'AMBROSIO	
STREET ADDRESS	108 KENT-G	
CITY-ST-ZIP	WPB, FL. 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Burton Artzt* - BURTON ARTZT-PD DATE **3/27/07** DAYTIME PHONE # **561-688-2246**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR