

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742768

FILED
Mar 25, 2009
Secretary of State

Entity Name: KENT G CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

101 KENT G
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

101 KENT G
WEST PALM BEACH, FL 33417 US

New Mailing Address:

SEACREST SERVICES INC
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33417 US

FEI Number: 59-1650830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTZT, BURTON
101 KENT G
W. PALM BCH, FL 33417 US

Name and Address of New Registered Agent:

DICKER, KRIVOK & STOLOFF PA
1818 AUSTRALIAN AVE S #400
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE: BURTON ARTZT

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARTZT, BURTON
Address: 101 KENT G.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T () Delete
Name: ARTET, ROTTAINE
Address: 101 KENT G.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP3 () Delete
Name: DEROSA, GRETANO
Address: 109 KENT-G
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SD () Delete
Name: MALAWSKI, ABE
Address: 97 KENT G
City-St-Zip: WEST PALM BEACH, FL 33417

Title: BM (X) Delete
Name: ADAMY, MELINA
Address: 112 KENT-G
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ARTZT, BURTON
Address: 101 KENT G.
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP (X) Change () Addition
Name: DEROSA, GAETANO
Address: 109 KENT G.
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S (X) Change () Addition
Name: MALAWSKI, ABE
Address: 97 KENT G
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D (X) Change () Addition
Name: ADAMY, MARIA
Address: 112 KENT G
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE CORONA

MS

03/25/2009

Electronic Signature of Signing Officer or Director

Date