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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742768 (5)
1. Corporation Name
KENT G CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business KENT G 105 104 CENTURY VILLAGE WEST PALM BEACH FL 33417 US	Mailing Address KENT G. 105 104 CENTURY VILLAGE WEST PALM BEACH FL 33417-1714 US
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3. Date Incorporated or Qualified 05/08/1978	3a. Date of Last Report 04/03/1996
4. FEI Number 59-1650830	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. RETIRED	2a. Mailing Address 26. SKME
Suite, Apt. #, etc. 22.	Suite, Apt. #, etc. 27.
City & State 23.	City & State 28.
Zip 24.	Country 25.
Zip 29.	Country 30.

9. Name and Address of Current Registered Agent
**LEVINE, SIMON
KENT G 105 CV
CENTURY VILLAGE
W. PALM BCH FL 33417**

10. Name and Address of New Registered Agent
81. Name **FREEMAN, GERTRUDE**
82. Street Address (P.O. Box Number Is Not Acceptable)
104 KENT G
83.
84. City **W. PALM BEACH** FL 85. Zip Code **33417**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Gertrude Freeman (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTELMAN, ANNA	1.2 NAME	
STREET ADDRESS	KENT G 99	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREIM, ETHEL	2.2 NAME	
STREET ADDRESS	KENT G 103 CEN VILL	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TS + PRESIDENT FREEMAN, GERTRUDE	3.2 NAME	
STREET ADDRESS	KENT G 104 CEN VILL	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCKNEK, IRMA JACK	4.2 NAME	
STREET ADDRESS	KENT G 97 CEN VILL	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, SIMON MOVED	5.2 NAME	
STREET ADDRESS	KENT G 105 CEN VILL	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gertrude Freeman SIGNATURE REQUIRED Gertrude Freeman 4/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038480

CR2E037 (9/96)