

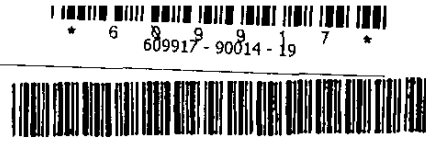
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Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90018 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <i>Katherine B. Harris</i> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742768 ✓
 1. Corporation Name
KENT G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business KENT G 107 98 CENTURY VILLAGE WEST PALM BEACH FL 33417 US	Mailing Address KENT G 107 98 CENTURY VILLAGE WEST PALM BEACH FL 33417 US
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2. Principal Place of Business 1 WEST PALM BEACH	2a. Mailing Address 2b 98 KENT G	3. Date Incorporated or Qualified 05/08/1978
2. City & State 3 WEST PALM BEACH FL	2a. City & State 2b SAME	4. FEI Number 59-1650830
2. Zip 3 33417	2a. Zip 2b SAME	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		6. Name and Address of Current Registered Agent

8. Name and Address of Current Registered Agent FREEMAN, GERTRUDE 106 KENT G W. PALM BCH FL 33417	19. Name and Address of New Registered Agent SAMUEL S. WAXMAN 98 Kent G WEST PALM BEACH FLORIDA
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11. Pursuant to the provisions of Sections 817.0502 and 817.1509, 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 817.0503, Florida Statutes.

SIGNATURE: *Samuel S. Waxman* DATE: **7-16-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. EFFELMAN, ANNA	1.2 NAME	ETHEL STREIM
STREET ADDRESS	KENT G 99	1.3 STREET ADDRESS	107 KENT G
CITY-ST-ZIP	W. PALM BCH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREIM, ETHEL	2.2 NAME	SAMUEL S. WAXMAN
STREET ADDRESS	KENT G 103 CEN VILL	2.3 STREET ADDRESS	98 KENT G
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSP	3.2 NAME	SECRETARY
STREET ADDRESS	FREEMAN, GERTRUDE	3.3 STREET ADDRESS	GISELLE PUTZ
CITY-ST-ZIP	KENT G 104 CEN VILL	3.4 CITY-ST-ZIP	106 KENT G
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOKNEK, JACK	4.2 NAME	
STREET ADDRESS	KENT G 87 CEN VILL	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE: _____ SIGNATURE REQUIRED *Samuel S. Waxman* DATE: **7-2-99** TELEPHONE: **561 689 5538**

CR2E037 (5/99)