

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State
 01-12-2000 90025 002 ****61.25

DOCUMENT # 742768

1. Entity Name

KENT G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**98 KENT G
 WEST PALM BEACH FL 33417
 US**

**98 KENT G
 WEST PALM BEACH FL 33417-1713
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

**WAXMAN, SAMUEL S
 98 KENT G
 W. PALM BCH FL 33417**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PT** Delete
 NAME: **STREIM, ETHEL**
 STREET ADDRESS: **107 KENT G**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33417**

TITLE: **PRESIDENT** Change
 NAME: **GIACOMO DEROSA**
 STREET ADDRESS: **109 KENT G**
 CITY-ST-ZIP: **WEST PALM BEACH, FLORIDA 33417**

TITLE: **TD** Delete
 NAME: **WAXMAN, SAMUEL S**
 STREET ADDRESS: **98 KENT G**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33417**

TITLE: **VICE PRESIDENT** Change
 NAME: **ETHEL STREIM**
 STREET ADDRESS: **107 KENT G**
 CITY-ST-ZIP: **WEST PALM BEACH FLORIDA 33417**

TITLE: **SD** Delete
 NAME: **PUTZ, GISELLE**
 STREET ADDRESS: **106 KENT G**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33417**

TITLE: **TREASURER** Change
 NAME: **SAMUEL S. WAXMAN**
 STREET ADDRESS: **98 KENT G**
 CITY-ST-ZIP: **WEST PALM BEACH FLORIDA 33417**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **SECRETARY** Change
 NAME: **GISELLE PUTZ**
 STREET ADDRESS: **106 KENT G**
 CITY-ST-ZIP: **WEST PALM BEACH FLORIDA 33417**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DIRECTOR AT LARGE** Change
 NAME: **HOWARD SACHNOFF**
 STREET ADDRESS: **100 KENT G**
 CITY-ST-ZIP: **WEST PALM BEACH FLORIDA 33417**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel S. Waxman
 Date: _____ Daytime Phone #: _____