

2001 UNIFORM BUSINESS REPORT (UBR)

1/30

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-30-2001 90217 045 ****61.25

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

Principal Place of Business
109 KENT G WEST PALM BEACH FL 33417 US

Mailing Address
109 KENT G WEST PALM BEACH FL 33417 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-1650830**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WAXMAN, SAMUEL S
 98 KENT G
 W. PALM BCH FL 33417**

7. Name and Address of New Registered Agent
 Name: **GAETANO DE ROSA**
 Street Address (P.O. Box Number is Not Acceptable): **109 KENT G**
W. PALM BEACH FL. 33417
 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: *Gaetano De Rosa* DATE: **2-14-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	STREIM, ETHEL	
STREET ADDRESS	109 KENT G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WAXMAN, SAMUEL S	
STREET ADDRESS	89 KENT G	
CITY-ST-ZIP	WEST-PALM-BEACH-FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PUTZ, GISELLE	
STREET ADDRESS	108 KENT G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	PT	<input type="checkbox"/> Delete
NAME	DEROSA, GAGOME	
STREET ADDRESS	109 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRAINE AVERBACH	
STREET ADDRESS	101 KENT G	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33417	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TR. HOWARD SACHNOFF	
STREET ADDRESS	100 KENT G	
CITY-ST-ZIP	WEST-PALM-BEACH FL. 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ROSA GAETANO	
STREET ADDRESS	109 KENT G.	
CITY-ST-ZIP	W. PALM BEACH FL. 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: *Howard Sachnoff* DATE: **01-20-01-561-478-6794**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (10/00)