


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90055 029 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1650830	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE ROSA, GAETANO 109 KENT G W. PALM BCH FL 33417			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code
FL					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE-NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERBACH, LORRAINE		NAME	DE ROSA GAETANO	
STREET ADDRESS	101 KENT G		STREET ADDRESS	109 KENT G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP	WEST PALM BEACH FL. 33417	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHNOFF, HOWARD		NAME	SACHNOFF HOWARD	
STREET ADDRESS	100 KENT G		STREET ADDRESS	100 KENT G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP	WEST PALM BEACH FL. 33417	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTZ, GISELLE		NAME	PUTZ GISELLE	
STREET ADDRESS	106 KENT G		STREET ADDRESS	106 KENT G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP	WEST PALM BEACH FL. 33417	
TITLE	PT	<input type="checkbox"/> Delete	TITLE	U.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ROSA, GAETANO		NAME	MCARDLE JOR	
STREET ADDRESS	109 KENT G		STREET ADDRESS	105 KENT G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP	WEST PALM BEACH FL. 33417	
TITLE		<input type="checkbox"/> Delete	TITLE	22 U.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	MALOWSKI ABE	
STREET ADDRESS			STREET ADDRESS	97 KENT G	
CITY-ST-ZIP			CITY-ST-ZIP	WEST-PALM BEACH FL. 33417	
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 <i>Gaetano De Rosa</i> 1-24-03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			

CR2E037 (10/02)