

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90271 019 \*\*\*\*61.25

**DOCUMENT # 742758**

1. Entity Name

**COVENTRY J CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

234 COVENTRY J  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417-6777  
US

Mailing Address

234 COVENTRY J  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417-6777  
US

2. Principal Place of Business

Suite, Apt. #, etc.

**229 COVENTRY J**

City & State

**WEST PALM BEACH FL.**

Zip

**33417**

Country

**U.S.A.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1830613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MOSKOWITZ, LILLIAN**  
**228 COVENTRY J**  
**WEST PALM BEACH FL FL 33417**

7. Name and Address of New Registered Agent

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

*Lillian Moskowitz*

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

(NOTE: Registered Agent signature required when reinstating)

*Jan 9 2001*

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

TITLE **SD** ☐ Delete  
NAME **MOSKOWITZ, LILLIAN**  
STREET ADDRESS **228 COVENTRY J**  
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **PD** ☐ Delete  
NAME **HALL, JAMES K**  
STREET ADDRESS **234 COVENTRY J CV**  
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **VD** ☐ Delete  
NAME **HIRSCH, ROBERT**  
STREET ADDRESS **229 COVENTRY J**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **T** ☒ Delete  
NAME **HIRSCH, GLORIA**  
STREET ADDRESS **229 COVENTRY J**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **ROBERT HIRSCH**  
STREET ADDRESS **229 COVENTRY J D**  
CITY-ST-ZIP **WEST PALM BEACH FL. 33417**

TITLE **HALL, JAMES K Treas.** ☒ Change ☐ Addition  
NAME **234 COVENTRY J D**  
STREET ADDRESS **WEST PALM BEACH FL 33417**

TITLE **MOSKOWITZ, LILLIAN** ☒ Change ☐ Addition  
NAME **SECRETARY D**  
STREET ADDRESS **228 COVENTRY J WEST PALM BEACH FL.**  
CITY-ST-ZIP **33417**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Denise F. Fournier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-9-2001*

Date

Daytime Phone #

CR2037 (10/00)