FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 28 AM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743182 (8)

1. Corporation Name

COVENTRY "B" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5033 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33417	5033 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1978
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1648065 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERNSTEIN, ALAN
5033 OKEECHOBEE BLVD.
WEST PALM BCH. FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	JEAN COHEN Pres + Treasurer ☑ Change ☐ Addition
NAME	NADLER GLORIDA	1.2 NAME	
STREET ADDRESS	COVENTRY B-39	1.3 STREET ADDRESS	46 B Coventry
CITY-ST-ZIP	W. PALMS BEACH FL	1.4 CITY-ST-ZIP	W P B Fla
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JEAN COHEN	2.2 NAME	Edelson Esther Sectrary
STREET ADDRESS	COVENTRY B 46	2.3 STREET ADDRESS	B 46 Coventry
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	W P B Fla
TITLE	DS	3.1 TITLE	Joe Nakrin Vice ☐ Change ☐ Addition
NAME	EDELSON, ESTHER	3.2 NAME	
STREET ADDRESS	COVENTRY B48 CEN VILL	3.3 STREET ADDRESS	B 24 Coventry
CITY-ST-ZIP	W PALM BEACH, FL 00000	3.4 CITY-ST-ZIP	W P B Fla
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	JOE NAKRIN	4.2 NAME	
STREET ADDRESS	COVENTRY B24	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ROMA JOE	5.2 NAME	
STREET ADDRESS	COVENTRY B47	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean Cohen Pres + Treasurer 407-684-3764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011657