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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743182

1. Corporation Name

COVENTRY "B" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4869-4 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417

Mailing Address

4869-4 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417



COVENTRY B. ASSO.

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/09/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1648065

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 *W. P. B. FL*

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

33417

W. P. B.

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, ALAN
4869-4 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417

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 617.0502 and 617.1508, 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 617.0503, 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 **DP** ☐ DELETE

NAME **COHEN, JEAN**

STREET ADDRESS **COVENTRY B-46**

CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **DVP** ☒ DELETE

NAME **NARKIN, JOE**

STREET ADDRESS **COVENTRY B-25**

CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **DS** ☒ DELETE

NAME **EDELSON, ESTHER**

STREET ADDRESS **COVENTRY B-48**

CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean Cohen Pres - 689-3764

Date

Daytime Phone #

CR2E037 (1/98)