

DOCUMENT # 746894

1. Entity Name

COVENTRY "E" CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90076 014 ****61.25

Principal Place of Business

101 COVENTRY E
 101
 WEST PALM BEACH FL 33417
 US

Mailing Address

102 COVENTRY E
 102
 WEST PALM BEACH FL 33417-6761
 US

2. Principal Place of Business

101 COVENTRY E
 Suite, Apt. #, etc.
 111

3. Mailing Address

111 COVENTRY E
 Suite, Apt. #, etc.
 111



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

4. FEI Number

59-1641382

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ZOLLO, RAY
 102 COVENTRY E
 W. PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name MARTHA GUSTAFSON

Street Address (P.O. Box Number is Not Acceptable)

111 COVENTRY E

City WEST PALM BEACH FL Zip Code 33417

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

Marta Gustafson
 MARTHA GUSTAFSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/01

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	PD	☒ Delete
NAME	ZOLLO, REYALDO	
STREET ADDRESS	102 COVENTRY E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	☒ Delete
NAME	GUSTAFSON, MARTHA	
STREET ADDRESS	111 COVENTRY E	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	BM	☐ Delete
NAME	RYKON, IRVING	
STREET ADDRESS	114 COVENTRY E	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	ST	☒ Delete
NAME	PHILOMENIA, LEVINE	
STREET ADDRESS	113 COVENTRY E	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	T	☒ Delete
NAME	PHILOMENA, NICHOLS M	
STREET ADDRESS	98 COVENTRY E	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	BM	☒ Delete
NAME	FISS, FAY	
STREET ADDRESS	118 COVENTRY E	
CITY-ST-ZIP	W. PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	MARTHA GUSTAFSON	
STREET ADDRESS	111 COVENTRY E	
CITY-ST-ZIP	W. P. B. FL 33417	
TITLE	V.P.	☒ Change ☐ Addition
NAME	PATTY M. OVERHOLSER	
STREET ADDRESS	106 COVENTRY E	
CITY-ST-ZIP	W. P. B. FL 33417	
TITLE	BM	☐ Change ☐ Addition
NAME	IRVING, RYKON	
STREET ADDRESS	114 COVENTRY E	
CITY-ST-ZIP	W. P. B. FL 33417	
TITLE	ST	☒ Change ☐ Addition
NAME	BONNIC JACOWICZ	
STREET ADDRESS	107 COVENTRY E	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	T	☐ Change ☐ Addition
NAME	PHILOMENA, NICHOLS, M	
STREET ADDRESS	98 COVENTRY E	
CITY-ST-ZIP	W. P. B. FL 33417	
TITLE	T	☒ Change ☐ Addition
NAME	REYALDO ZOLLO	
STREET ADDRESS	102 COVENTRY E	
CITY-ST-ZIP	W. P. B. FL 33417	

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:

Marta Gustafson
 MARTHA GUSTAFSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

561-615-0681

Daytime Phone #

CR2E037 (10/00)