

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0033884

DOCUMENT # 746894

1. Entity Name

COVENTRY "E" CONDOMINIUM ASSOCIATION, INC.

04-01-2002 90162 049 ****61.25

Principal Place of Business

Mailing Address

~~111 COVENTRY E~~
~~#111~~
~~WEST PALM BEACH FL 33417~~
~~US~~

~~111 COVENTRY E~~
~~#111~~
~~WEST PALM BEACH FL 33417~~
~~US~~

2. Principal Place of Business

102 COVENTRY E

3. Mailing Address

102 COVENTRY - E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

Country

Zip

Country

33417

W.P.B.

33417

W.P.B.

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

7. Name and Address of New Registered Agent

GUSTAFSON, MARTHA
111 COVENTRY E
W. PALM BEACH FL 33417

Name **RAY ZOLLO**
 Street Address (P.O. Box Number is Not Acceptable)

102 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 **REYNALDO ZOLLO**

3/9/02

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	☒ Delete
NAME	ZOLLO, REYNALDO	
STREET ADDRESS	102 COVENTRY E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	PD	☒ 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	VP	☒ Delete
NAME	OVERHOLSER, PATTY M	
STREET ADDRESS	106 COVENTRY LANE	
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	ST	☒ Delete
NAME	JACOWICZ, BONNIE	
STREET ADDRESS	107 COVENTRY E	
CITY-ST-ZIP	W. PALM BEACH FL 33417	

TITLE	PD	☒ Change ☐ Addition
NAME	ZOLLO, REYNALDO	
STREET ADDRESS	102 COVENTRY - E	
CITY-ST-ZIP	WEST PALM BEACH FL. 33417	
TITLE	1 ST V.P.D	☒ Change ☐ Addition
NAME	GUSTAFSON, MARTHA	
STREET ADDRESS	111 COVENTRY - E	
CITY-ST-ZIP	WEST PALM BEACH FL. 33417	
TITLE	2 ND VICE PD	☒ Change ☐ Addition
NAME	ROSADO CARMEN	
STREET ADDRESS	119 COVENTRY E.	
CITY-ST-ZIP	W.P.B. FL 33417	
TITLE	T	☒ Change ☐ Addition
NAME	NICHOLS, PHILOMENA	
STREET ADDRESS	97 COVENTRY E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	S D	☒ Change ☐ Addition
NAME	KRESGE JUDITH	
STREET ADDRESS	113 COVENTRY E	
CITY-ST-ZIP	WEST PALM BEACH FL. 33417	
TITLE	BM	☒ Change ☐ Addition
NAME	RYKON, IRVING	
STREET ADDRESS	114 COVENTRY E	
CITY-ST-ZIP	WEST PALM BEACH 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: **REYNALDO ZOLLO**

3/9/02

561-686-7990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)