

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90002 043 ****61.25

DOCUMENT # 746894	
1. Entity Name COVENTRY "E" CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 105 COVENTRY E 105 WEST PALM BEACH, FL 33417 US	Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK W DRIVE, #175 WEST PALM BEACH, FL 33409 US
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50023208



2. Principal Place of Business 103 COVENTRY E	3. Mailing Address LANA LEWITT 103 COVENTRY E
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103
City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
Zip 33417	Country US

07182006 Chg-NP CR2E037 (4/06)

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 LEWITT, LANA 103 COVENTRY-E W. PALM BEACH, FL 33417	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LANA LEWITT** *Lana Lewitt* **7-24-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	☒ Delete	TITLE P	☒ Change ☐ Addition
NAME HAGLER, JAMES		NAME LEWITT LANA	
STREET ADDRESS 103 COVENTRY E		STREET ADDRESS 103 COVENTRY E	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP WEST PALM BEACH FL 33417	
TITLE V	☒ Delete	TITLE V	☒ Change ☐ Addition
NAME WATTS, ELENA		NAME MARTHA GUFTASON	
STREET ADDRESS 111 COVENTRY E		STREET ADDRESS 111 COVENTRY E	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP WEST PALM BEACH FL 33417	
TITLE TD	☒ Delete	TITLE S	☒ Change ☐ Addition
NAME SMITH, CRAIG		NAME IRVING RIKON	
STREET ADDRESS 106 COVENTRY E		STREET ADDRESS 114 COVENTRY E	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP WEST PALM BEACH FL 33417	
TITLE TD	☒ Delete	TITLE T	☒ Change ☐ Addition
NAME PHILOMENA, NICHOLS		NAME JAMES HAGLER	
STREET ADDRESS 97 COVENTRY E		STREET ADDRESS 105 COVENTRY E	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP WEST PALM BEACH FL 33417	
TITLE S	☒ Delete	TITLE	☐ Change ☐ Addition
NAME SHALINSKY, GERALD		NAME	
STREET ADDRESS 116 COVENTRY E		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **LANA LEWITT** *Lana Lewitt* **7-24-06** **561 471-4160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #