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Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742758 (6)

1. Corporation Name

COVENTRY J CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

234 COVENTRY J
CENTURY VILLAGE
WEST PALM BEACH FL 33417-6777
US

Mailing Address

234 COVENTRY J
CENTURY VILLAGE
WEST PALM BEACH FL 33417-6777
US

3. Date Incorporated or Qualified

05/05/1978

3a. Date of Last Report

02/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1830613

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSKOWITZ, LILLIAN
228 COVENTRY J
WEST PALM BEACH< FL 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

TITLE SD
NAME ROSENBAUM, JOSEPH
STREET ADDRESS 227 COVENTRY J CV
CITY-ST-ZIP W PALM BCH, FL 00000☒ DELETETITLE PD
NAME HALL, JAMES K
STREET ADDRESS 234 COVENTRY J CV
CITY-ST-ZIP W PALM BCH, FL 00000☐ DELETETITLE VD
NAME SHERMAN, GERTRUDE
STREET ADDRESS 225 COVENTRY J CV
CITY-ST-ZIP W PALM BCH, FL 00000☐ DELETETITLE TD
NAME KLEINMAN, MILTON
STREET ADDRESS 223 COVENTRY J CV
CITY-ST-ZIP W PALM BCH, FL 00000☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD
1.2 NAME MOSKOWITZ, LILLIAN
1.3 STREET ADDRESS 228 COVENTRY J
1.4 CITY-ST-ZIP W PALM BEACH, FL 33417-6776☐ Change☒ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33417-6777☒ Change☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33417-6776☒ Change☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33417-6776☒ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036365

CR2E037 (9/96)