

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742758

1. Entity Name

COVENTRY J CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90063 021 ****61.25



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1830613		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOSKOWITZ, LILLIAN 228 COVENTRY J WEST PALM BEACH < FL 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.

SIGNATURE _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSKOWITZ, LILLIAN 228 COVENTRY J W PALM BCH, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, JAMES K 234 COVENTRY J CV W PALM BCH, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERMAN, GERTRUDE 225 COVENTRY J CV W PALM BCH, FL 00000 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERT HIRSCH 229- COVENTRY J WEST PALM BEACH FL 33417 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIRSCH, GLORIA 229 COVENTRY J WEST PALM BEACH FL 33417 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OPEN ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)