

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90070 036 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                  |                                                                                                           |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 742758</b><br>1. Entity Name<br><b>COVENTRY J CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                  |                                                                                                           |                |  |
| Principal Place of Business<br><b>230 COVENTRY J<br/>WEST PALM BEACH, FL 33417-6777 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                  | Mailing Address<br><b>C/O GALLAGHER P.M. INC.<br/>905 N.W. 10TH STREET<br/>BOYNTON BEACH, FL 33426 US</b> |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | 3. Mailing Address                                                               |                                                                                                           |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | Suite, Apt. #, etc.                                                              |                                                                                                           |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | City & State                                                                     |                                                                                                           |                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                          | Zip                                                                              | Country                                                                                                   | 4. FEI Number<br><b>59-1830613</b>                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                  |                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                  |                                                                                                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                  | 7. Name and Address of New Registered Agent                                                               |                                                                                                 |  |
| <b>HENRY, MICHAEL<br/>230 COVENTRY J<br/>WEST PALM BEACH, FL 33417</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                        |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                  | State <b>FL</b> Zip Code                                                                                  |                                                                                                 |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                                                                                  |                                                                                                           |                                                                                                 |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                           | <b>\$5.00 May Be Added to Fees</b>                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | <b>Make check payable to<br/>Florida Department of State</b>                     |                                                                                                           |                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                     |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P                                | <input type="checkbox"/> Delete                                                  | TITLE                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>HENRY, MICHAEL</b>            |                                                                                  | NAME                                                                                                      |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>230 COVENTRY J</b>            |                                                                                  | STREET ADDRESS                                                                                            |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>WEST PALM BEACH, FL 33417</b> |                                                                                  | CITY-ST-ZIP                                                                                               |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                                | <input type="checkbox"/> Delete                                                  | TITLE                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ROSENBERG, ELSIE</b>          |                                                                                  | NAME                                                                                                      |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>224 COVENTRY J</b>            |                                                                                  | STREET ADDRESS                                                                                            |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>WEST PALM BEACH, FL 33417</b> |                                                                                  | CITY-ST-ZIP                                                                                               |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V                                | <input type="checkbox"/> Delete                                                  | TITLE                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MOSKOWITZ, LILLIAN</b>        |                                                                                  | NAME                                                                                                      |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>228 COVENTRY J</b>            |                                                                                  | STREET ADDRESS                                                                                            |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>WEST PALM BEACH, FL 33417</b> |                                                                                  | CITY-ST-ZIP                                                                                               |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T                                | <input type="checkbox"/> Delete                                                  | TITLE                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>EAGELBERG, HARRY</b>          |                                                                                  | NAME                                                                                                      |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>232 COVENTRY J</b>            |                                                                                  | STREET ADDRESS                                                                                            |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>WEST PALM BEACH, FL 33417</b> |                                                                                  | CITY-ST-ZIP                                                                                               |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                                | <input type="checkbox"/> Delete                                                  | TITLE                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>FREIDMAN, JOE</b>             |                                                                                  | NAME                                                                                                      |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>220 COVENTRY J</b>            |                                                                                  | STREET ADDRESS                                                                                            |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>WEST PALM BEACH, FL 33417</b> |                                                                                  | CITY-ST-ZIP                                                                                               |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | <input type="checkbox"/> Delete                                                  | TITLE                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> 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 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. |                                  |                                                                                  |                                                                                                           |                                                                                                 |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                  | <b>4/8/05 561-616-5036</b>                                                                                |                                                                                                 |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                                                                  | <small>Date Daytime Phone #</small>                                                                       |                                                                                                 |  |