

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90396 026 \*\*\*\*61.25

<b>DOCUMENT # 742758</b> 1. Entity Name <b>COVENTRY J CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>230 COVENTRY J WEST PALM BEACH, FL 33417-6777 US</b>			Mailing Address <b>C/O GALLAGHER P.M. INC. 905 N.W. 10TH STREET 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 <b>59-1830613</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HENRY, MICHAEL 230 COVENTRY J WEST PALM BEACH, FL 33417</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <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 Due by May 1, 2006</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 Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ROSENBERG, ELSIE</b>		NAME	<b>Treasurer</b>	
STREET ADDRESS	<b>224 COVENTRY J</b>		STREET ADDRESS	<b>240 Coventry J</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP	<b>WPB, FL 33417</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MOSKOWITZ, LILLIAN</b>		NAME	<b>Eve Wright</b>	
STREET ADDRESS	<b>228 COVENTRY J</b>		STREET ADDRESS	<b>229 Coventry J</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP	<b>WPB, FL 33417</b>	
TITLE	E	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EAGELBERG, HARRY</b>		NAME	<b>Second Vice-Pres</b>	
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	<b>Secretary</b>	
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 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.					
<b>SIGNATURE:</b>			<b>PRESIDENT</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>4/24/06</b> <small>Daytime Phone #</small> <b>561-616-5036</b>		