2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# 742756

Entity Name: COVENTRY A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CENTURY VILLAGE
COVENTRY A
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

CENTURY VILLAGE
60 COVENTRY C
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-1635678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSHALL, MOLLIE
60 COVENTRY C
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MARSHALL, ROBERT S	
Address:	60 COVENTRY C	
City-St-Zip:	W. PALM BCH., FL 33417	
Title:	SD	( ) Delete
Name:	MARSHALL, MOLLIE	
Address:	60 COVENTRY C	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	VP	( ) Delete
Name:	STOKES, RUSSELL	
Address:	5 COUNTRY A	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	B	( ) Delete
Name:	CODE, NOEL	
Address:	17 COVENTRY A	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	B	( ) Delete
Name:	COHEN, ELAINE	
Address:	24 COVENTRY A	
City-St-Zip:	W PALM BCH, FL 33417	
Title:	B	( ) Delete
Name:	IMBERMAN, CEIL	
Address:	9 COVENTRY A	
City-St-Zip:	WEST PALM BEACH, FL 33417	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	LIEBMAN, MAX	
Address:	12 COUNTRY A	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	B	(X) Change ( ) Addition
Name:	COTE, NOEL	
Address:	17 COVENTRY A	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	B	(X) Change ( ) Addition
Name:	COHEN, ELAINE	
Address:	10 COVENTRY A	
City-St-Zip:	W PALM BCH, FL 33417	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. MARSHALL PRES 04/04/2005

Electronic Signature of Signing Officer or Director — Date