

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90005 036 \*\*\*\*61.25

**DOCUMENT # 742756**

1. Entity Name  
COVENTRY A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
CENTURY VILLAGE  
COVENTRY A  
WEST PALM BEACH, FL 33417

Mailing Address  
CENTURY VILLAGE  
60 COVENTRY C  
WEST PALM BEACH, FL 33417

40043089



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1635678

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIEBMAN, MAX  
12 COVENTRY A  
WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME LIEBMAN, MAX  
STREET ADDRESS 12 COVENTRY A  
CITY-ST-ZIP W. PALM BCH., FL 33417 ☐ Delete

TITLE S  
NAME MARSHALL, MOLLIE  
STREET ADDRESS 60 COVENTRY C  
CITY-ST-ZIP WEST PALM BEACH, FL 33417 ☐ Delete

TITLE VP  
NAME MARSHALL, ROBERT  
STREET ADDRESS 60 COVENTRY C  
CITY-ST-ZIP WEST PALM BEACH, FL 33417 ☐ Delete

TITLE B  
NAME COTE, NOEL  
STREET ADDRESS 17 COVENTRY A  
CITY-ST-ZIP WEST PALM BEACH, FL 33417 ☒ Delete

TITLE T  
NAME COHEN, ELAINE  
STREET ADDRESS 10 COVENTRY A  
CITY-ST-ZIP W PALM BCH, FL 33417 ☐ Delete

TITLE B  
NAME IMBERMAN, CEIL  
STREET ADDRESS 9 COVENTRY A  
CITY-ST-ZIP WEST PALM BEACH, FL 33417 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAX LIEBMAN

03/23/07 561 228 8879

Date

Daytime Phone #