

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742756

FILED
Mar 23, 2009
Secretary of State

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:

12 COVENTRY A
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

CENTURY VILLAGE
60 COVENTRY C
WEST PALM BEACH, FL 33417

New Mailing Address:

SEACREST SERVICES INC
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33409 US

FEI Number: 59-1635078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, PA
625 N FLAGLER DR 7TH FL
WEST PALM BEACH, FL 33401 US

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: MAX LIEBMAN

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LIEBMAN, MAX
Address: 12 COVENTRY A
City-St-Zip: W. PALM BCH., FL 33417

Title: S () Delete
Name: MARSHALL, MOLLIE
Address: 60 COVENTRY C
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP () Delete
Name: MARSHALL, ROBERT
Address: 60 COVENTRY C
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T (X) Delete
Name: COHEN, ELAINE
Address: 10 COVENTRY A
City-St-Zip: W PALM BCH, FL 33417

Title: B (X) Delete
Name: IMBERMAN, CEIL
Address: 9 COVENTRY A
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIEBMAN, MAX
Address: 12 COVENTRY A
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP (X) Change () Addition
Name: MARSHALL, ROBERT S
Address: 21 COVENTRY A
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T (X) Change () Addition
Name: COHEN, ELAINE
Address: 10 COVENTRY A
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GALE CORONA

MS

03/23/2009

Electronic Signature of Signing Officer or Director

Date