


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90181 029 ****61.25

| | | | | | |
|--|---------------------------|--|---|--|--|
| DOCUMENT # 742757 | | | |  | |
| 1. Entity Name COVENTRY F CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business CENTURY VILLAGE 121 COVENTRY F WEST PALM BEACH, FL 33417 US | | Mailing Address 121 COVENTRY F WEST PALM BEACH, FL 33417 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03212007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-1838585 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HOWARD, VIRGINIA R 121 COVENTRY F CENTURY VILLAGE WEST PALM BCH, FL 33417 | | | 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 _____ (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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | VPTD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOWARD, VIRGINIA R | | NAME | | |
| STREET ADDRESS | 121 COVENTRY F | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33417 | | CITY-ST-ZIP | | |
| TITLE | PSD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAPPELL, JEFF | | NAME | | |
| STREET ADDRESS | 132 COVENTRY F | | STREET ADDRESS | | |
| CITY-ST-ZIP | W. PALM BEACH, FL 33417 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, MAUDE | | NAME | | |
| STREET ADDRESS | 129 COVENTRY F | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33417 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURNS, SHIRLEY | | NAME | | |
| STREET ADDRESS | 124 COVENTRY F | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33417 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | HAROLD J. LEFFUBINE | |
| STREET ADDRESS | | | STREET ADDRESS | 121 COVENTRY F | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | WEST PALM BEACH, FL 33417 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | MARVY HARRIS | |
| STREET ADDRESS | | | STREET ADDRESS | 121 COVENTRY F | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | WEST PALM BEACH, FL 33417 | |
| 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: <i>Virginia R Howard</i> | | | Date: <i>4-1-07</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |