


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90040 008 \*\*\*\*61.25

<b>DOCUMENT # 742759</b> 1. Entity Name <b>COVENTRY K CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>COVENTRY K 247</b> <b>W PALM BCH, FL 33417 US</b>			Mailing Address <b>SEACREST SERVICES, INC</b> <b>2400 CENTR PARK W DR #175</b> <b>W PALM BCH, FL 33417 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1623527</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>REED, JAMES</b> <b>247 COVENTRY "K"</b> <b>WEST PALM BEACH, FL 33405</b>				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</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CZAIKOWSKI, INGRID</b>		NAME		
STREET ADDRESS	<b>248 COVENTRY K</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOWE, HELEN</b>		NAME		
STREET ADDRESS	<b>182 WORCESTER DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WAYNE, NJ 07470</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REED, JAMES</b>		NAME		
STREET ADDRESS	<b>COVENTRY 247</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>W. PALM BCH, FL 33417</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WATSON, EILEEN</b>		NAME		
STREET ADDRESS	<b>611 RAMAPC AVE.</b>		STREET ADDRESS	<b>59 KNOX TER. Apt. 1A</b>	
CITY-ST-ZIP	<b>POMPTON LAKES, NJ 07442</b>		CITY-ST-ZIP	<b>WAYNE, N.J. 07470</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MENALLY, JEAN</b>		NAME		
STREET ADDRESS	<b>244 COVENTRY K</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> <i>James E. Reed</i> <b>JAMES E. REED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>Feb. 6, 2008</b> Daytime Phone #: <b>561-640-7273</b>		