


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90055 005 ****61.25

DOCUMENT # 743079 1. Entity Name COVENTRY G CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 167 COVENTRY G WEST PALM BEACH, FL 33417-6769 US			Mailing Address 167 COVENTRY G WEST PALM BEACH, FL 33417-6769 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02082006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-1638661	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHTER, MICHAEL 167 COVENTRY G WEST PALM BEACH, FL 33417-6769				7. Name and Address of New Registered Agent Name <u>Barbara Leonard</u> Street Address (P.O. Box Number is Not Acceptable) <u>162 Coventry G</u> City <u>West Palm Beach, FL</u> Zip Code <u>33417</u>	
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 <u>Barbara J. Leonard</u> DATE <u>2/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERMAN, MARTIN 153 COVENTRY G WEST PALM BEACH, FL 334176769	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN DONOFRIO 154 COVENTRY G WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAUGER, WALTER 147 COVENTRY G WEST PALM BEACH, FL 334176769	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BARBARA LEONARD 162 COVENTRY G WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OREMUS, FRED J 168 COVENTRY G WEST PALM BEACH, FL 334176769	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA MASIELLO 148 COVENTRY G WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKE, BRYCE 160 COVENTRY G WEST PALM BEACH, FL 334176769	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE COBURN 146 COVENTRY G WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNES, ED 101 COVENTRY G WEST PALM BEACH, FL 334176769	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERLYN TAYLOR 145 COVENTRY G WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGREGARIO, FRANK 154 COVENTRY G WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Barbara Leonard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2-28-06</u> Daytime Phone # <u>687-9307</u>	