

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743182** (8)
1. Corporation Name
COVENTRY "B" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 5033 OKEECHOBEE BLVD. WEST PALM BEACH. FL. 33417
Mailing Address: 5033 OKEECHOBEE BLVD. WEST PALM BEACH. FL. 33417

3. Date Incorporated or Qualified: **06/09/1978**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1648065**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **BERNSTEIN, ALAN**
5033 OKEECHOBEE BLVD.
WEST PALM BCH. FL 33409
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when transferring) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, JEAN | 1.2 NAME | |
| STREET ADDRESS | 46B COVENTRY | 1.3 STREET ADDRESS | <i>Jean Cohen</i> |
| CITY-ST-ZIP | W. PALMS BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDELSON, ESTHER | 2.2 NAME | |
| STREET ADDRESS | COVENTRY B 46 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDELSON, ESTHER | 3.2 NAME | |
| STREET ADDRESS | COVENTRY B48 CEN VILL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOE NAKRIN | 4.2 NAME | |
| STREET ADDRESS | COVENTRY B24 | 4.3 STREET ADDRESS | 100001769721 |
| CITY-ST-ZIP | W. PALM BEACH FL | 4.4 CITY-ST-ZIP | -04/04/96--01086--023 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROMA JOE | 5.2 NAME | ***\$1.25 |
| STREET ADDRESS | COVENTRY B47 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | <i>m.m</i> |
| STREET ADDRESS | | 6.3 STREET ADDRESS | <i>4-4-96</i> |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jean Cohen* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **3-15-96** 407 6893764

CR2E037 (12/95)