


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 743182 1. Entity Name COVENTRY "B" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 37 COVENTRY B WEST PALM BEACH, FL 33417			Mailing Address 2400 CENTREPARK W. DRIVE C/O SEACREST SERVICES, INC. WEST PALM BEACH, FL 33409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUBERTO, PATRICIA 37 COVENTRY B WEST PALM BEACH, 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, 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	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	THAU, JACK		NAME	U00000420277 02/15/06-80047-010 61.25	
STREET ADDRESS	48 COVENTRY B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	WINTERS, CHARLOTTE		NAME		
STREET ADDRESS	30 COVENTRY B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	LUBERTO, PATRICIA		NAME		
STREET ADDRESS	37 COVENTRY B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	TIBURZI, CAROLYN		NAME		
STREET ADDRESS	34 COVENTRY B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	OD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MUSTO, THOMAS		NAME		
STREET ADDRESS	27 COVENTRY B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patricia Luberto</i>		PATRICIA LUBERTO, PRES. COV-B CONDO ASSOC.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		2/3/06		561-615-315	