2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

FILED **DOCUMENT #746894** 08 APR 25 PM 2: 56 COVENTRY "E" CONDOMINIUM ASSOCIATION, INC. DECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 103 COVENTRY E **103 COVENTRY E** 103: 103 WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 US rincipal Place of Business - No P.O. Box # OZ COVI coventry 04162008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Numbe 59-1641382 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Moreno Donu A LEWITT, LANA Street Address (P.O. Box Number is Not Acceptable) 103 COVENTRY-E W. PALM BEACH, FL 33417 Loventry 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 register SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE P ☐ Delete TITLE ☐ Change ☐ Addition MORENO, SONYA NAME NAME 400128777554 102 COVENTRY E STREET ADDRESS STREET ADDRESS 05/07/08--01041--019 **61.25 WEST PALM BEACH, FL 33417 CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Addition ☐ Delete TITLE NICHOLS, PHIOMENA NAME 98 COVENTRY E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33417 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition RIKON, IRVING NAME NAME STREET ADDRESS 114 COVENTRY E STREET ADDRESS WEST PALM BEACH, FL 33417 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE CArmen ROSAdo Channe ☐ Addition WATTS, ELENA 107 Coventry E STREET ADORESS 110 COVENTRY F STREET ADDRESS west PAIM CITY-ST-ZIP WEST PALM BEACH, FL 33417 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ 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 eath; 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 in changed, or on an attachment with an address, with all other like empowered.