

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-23-2001 90029 039 ****61.25

DOCUMENT # N00000002482

1. Entity Name

COVENTRY D CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**73 COVENTRY D CONDOMINIUM
 CENTURY VILLAGE
 WEST PALM BEACH FL 33417-2134**

Mailing Address

**73 COVENTRY D CONDOMINIUM
 CENTURY VILLAGE
 WEST PALM BEACH FL 33417-2134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1815173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TARTAKOFF, MAURICE
 73 COVENTRY D CONDOMINIUM
 CENTURY VILLAGE
 WEST PALM BEACH FL 33417-2134**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARTAKOFF, MAURICE 73 COVENTRY D CONDOMINIUM, CENTURY VILLAGE WEST PALM BEACH FL 33417-2134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRICKA, FLORENCE 96 COVENTRY D CONDOMINIUM, CENTURY VILLAGE WEST PALM BEACH FL 33417-2134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHELSON, ESTHER 88 COVENTRY D CONDOMINIUM, CENTURY VILLAGE WEST PALM BEACH FL 33417-2134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUTA, ILENE 76 COVENTRY D CONDOMINIUM, CENTURY VILLAGE WEST PALM BEACH FL 33417-2134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARTAKOFF, SIPPORAH 73 COVENTRY D CONDOMINIUM WEST PALM BEACH FL 33417-2134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, IRENE 90 COVENTRY D CONDOMINIUM WEST PALM BEACH FL 33417-2134 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maurice Tartakoff Pres 01-11-01 561-687-0985

CR2E037 (10/00)