

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002482

1. Entity Name

COVENTRY D CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90054 032 *****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
73 COVENTRY D CONDOMINIUM CENTURY VILLAGE WEST PALM BEACH FL 33417-2134
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONNIE APRILE 82 COVENTRY D CONDOMINIUM, CENTURY VILLAGE WEST PALM BEACH, FL 33417-2134	<input type="checkbox"/> Change <input checked="" 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 empowerments.

SIGNATURE: Maurice Tartakoff Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC (9/01)