


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90003 029 ****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 96 COVENTRY D Suite, Apt. #, etc. CENTURY VILLAGE City & State WPB, FL Zip 33417 Country USA		3. Mailing Address 96 COVENTRY D Suite, Apt. #, etc. CENTURY VILLAGE City & State WPB, FL Zip 33417 Country USA		08082006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-1815173				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TARTAKOFF, MAURICE 73 COVENTRY D CONDOMINIUM CENTURY VILLAGE WEST PALM BEACH, FL 33417-2134			7. Name and Address of New Registered Agent Name FLORENCE M. TRICKA Street Address (P.O. Box Number is Not Acceptable) CENTURY VILLAGE 96 COVENTRY D City WPB FL Zip Code 33417		
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 <u>Helen M. Spicka</u> <small>Signature, typed or printed name of registered agent and file if applicable.</small>			DATE <u>8/11/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 334172134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS IKERD 81 COVENTRY D WPB, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRICKA, FLORENCE 96 COVENTRY D CONDOMINIUM, CENTURY VILLAGE WEST PALM BEACH, FL 334172134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JOHN 90 COVENTRY D CONDIMINIUM CENTURY VILLAGE WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTHONY MAJEVSKY 89 COVENTRY D WPB, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARNOLD NARZEM 83 COVENTRY D WPB, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUTA, ILENE 76 COVENTRY D CONDOMINIUM, CENTURY VILLAGE WEST PALM BEACH, FL 334172134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CHAS. VAN HOUTEN 75 COVENTRY D WPB, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARTAKOFF, SIPPORAH 73 COVENTRY D CONDOMINIUM WEST PALM BEACH, FL 334172134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IKERD, THOMAS 81 COVENTRY D CONDIMINIUM CENTURY VILLAGE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLORENCE TRICKA 96 COVENTRY D WPB, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S SHIRLEY NARZEM 83 COVENTRY D WPB, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Helen M. Spicka Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>8/11/06</u> <small>Date</small>		
			DAYTIME PHONE # <u>1-561-686-5939</u> <small>Daytime Phone #</small>		

ATTACHMENT

40101572

~~18000000~~ 2482

TITLE

D

NAME

ILENE PLUTA
76 COVENTRY D
WPB, FL 33419

ADDITION ✓

TITLE

D

NAME

CHAS. ERCOLINO
93 COVENTRY D
WPB, FL 33419

TITLE

D

NAME

SIPPORAH TARIKOFF
73 COVENTRY D
WPB, FL

Florence M. Spinks, Secy

8/11/06

561-686-2739