SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 2:12

DOCUMENT # N02980 (3)

1. Corporation Name

COVENTRY PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5101 N. OCEAN BLVE. OCEAN RIDGE FL 33435	5101 N. OCEAN BLVE. OCEAN RIDGE FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1984
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2419980 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BELLO, GARY
5101 N OCEAN BLVD.
OCEAN RIDGE FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code 33435

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☐ Change ☐ Addition
NAME	BELLO, GARY	12 NAME	BELLO, GARY
STREET ADDRESS	5101 N. OCEAN BLVD.	13 STREET ADDRESS	5101 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE FL	14 CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	VTD	21 TITLE	VD ☐ Change ☐ Addition
NAME	MCKENNA, ROSALEEN	22 NAME	NACCARATO, PETER
STREET ADDRESS	5109 C. N. OCEAN BLVD.	23 STREET ADDRESS	5109 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE FL 33435	24 CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	S	31 TITLE	SD ☐ Change ☐ Addition
NAME	GOLDSTEIN HELEN	32 NAME	GOLDSTEIN, BRETT
STREET ADDRESS	5109 N OCEAN BLVD	33 STREET ADDRESS	5109 N. OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE FL	34 CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D	41 TITLE	TD ☐ Change ☐ Addition
NAME	SANDERSON, MARK	42 NAME	HUDLETT, JEANNE
STREET ADDRESS	5105 N OCEAN BLVD	43 STREET ADDRESS	5109 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE FL	44 CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE		51 TITLE	D ☐ Change ☐ Addition
NAME		52 NAME	BEE BEE MEDICAL (DEVELOPER)
STREET ADDRESS		53 STREET ADDRESS	c/o JOHN HOPKINS
CITY-ST-ZIP		54 CITY-ST-ZIP	4800 N FED HWY, #104A, BOCA RATON, FL 33431
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Bello GARY BELLO 6/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0011468