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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: **05/09/1984**
3a. Date of Last Report: **03/14/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **65-0390237** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: CARL CANTER
82 Street Address (P.O. Box Number is Not Acceptable): 5111C N. OCEAN BLVD
83
84 City: OCEAN RIDGE 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 4/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CANTER, CARL		1.2 NAME		
STREET ADDRESS	5111C N OCEAN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	NACARATO, PETER		2.2 NAME		
STREET ADDRESS	5109 C. N. OCEAN BLVD.		2.3 STREET ADDRESS	5109-B N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, HELEN		3.2 NAME		
STREET ADDRESS	5109-F N OCEAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRAWLEY, LOYD		4.2 NAME		
STREET ADDRESS	5107-B N OCEAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HANSON, JOHN JR		5.2 NAME		
STREET ADDRESS	14014-B SULLYFIELD CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHANTILLY VI		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Helen Goldstein HELEN GOLDSTEIN 4/3/97 561-276-6474
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #