

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02980 (3)
 1. Corporation Name
COVENTRY PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5101 N. OCEAN BLVE. OCEAN RIDGE FL 33435	Mailing Address 5101 N. OCEAN BLVE. OCEAN RIDGE FL 33435
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/09/1984	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	7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent
CANTER, CARL
5111C N OCEAN BLVD
OCEAN RIDGE FL 33435

10. Name and Address of New Registered Agent 81 Name Rosaleen McKenna 82 Street Address (P.O. Box Number Is Not Acceptable) 5109C 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 **Rosaleen McKenna** **Rosaleen McKenna** **3/19/98**
 Signature, typed or printed name of registered agent and 106 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	☐
NAME	CANTER, CARL	
STREET ADDRESS	5111C N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	VD	☐
NAME	NACARATO, PETER	
STREET ADDRESS	5109-B N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	SD	☐
NAME	GOLDSTEIN, HELEN	
STREET ADDRESS	5109-F N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	TD	☐
NAME	CRAWLEY, LOYD	
STREET ADDRESS	5107-B N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	☒
NAME	HANSON, JOHN JR	
STREET ADDRESS	14014-B SULLYFIELD CIRCLE	
CITY-ST-ZIP	CHANTILLY VI	
TITLE	PD	☐
NAME	McKenna, Rosaleen	
STREET ADDRESS	5109C N. Ocean Blvd.	
CITY-ST-ZIP	Ocean Ridge FL 33435	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VD	☒	☐
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐	☐
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐	☐
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐	☒
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 H. Goldstein** (Helen H. Goldstein) **2/10/98** **561-2766474**

CR2037 (10/97)