

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90031 032 \*\*\*150.00

DOCUMENT # N05000001983			
1. Entry Name COVENTRY I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 205 COVENTRY I WEST PALM BEACH FL 33417		Mailing Address 205 COVENTRY I WEST PALM BEACH FL 33417	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>FORMAN, HERBERT</b> 205 COVENTRY I WEST PALM BEACH FL 33417		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and fee if applicable		(NOTE: Registered Agent signature required when reconstituting)	
FILE NOW: FEES \$81.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, HERBERT	NAME	
STREET ADDRESS	205 COVENTRY I	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUCZKO, RICHARD	NAME	
STREET ADDRESS	207 COVENTRY I	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, SIDNEY	NAME	
STREET ADDRESS	197 COVENTRY I	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENEROFF, ALBERT	NAME	
STREET ADDRESS	200 COVENTRY I	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCARDO, JEAN	NAME	
STREET ADDRESS	209 COVENTRY I	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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/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 authority, like empowered.			
SIGNATURE: <i>Herbert Forman</i> HERBERT FORMAN 361 478 8789		DATE	
Signature and typed or printed name of signing officer or director		Date	

1 - NW 3/11/06  
 1st MOORE CR2E037 (10/05)

4. FEI Number **65-177790** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FORMAN, HERBERT**  
 205 COVENTRY I  
 WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, HERBERT	NAME	
STREET ADDRESS	205 COVENTRY I	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUCZKO, RICHARD	NAME	
STREET ADDRESS	207 COVENTRY I	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, SIDNEY	NAME	
STREET ADDRESS	197 COVENTRY I	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENEROFF, ALBERT	NAME	
STREET ADDRESS	200 COVENTRY I	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCARDO, JEAN	NAME	
STREET ADDRESS	209 COVENTRY I	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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/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 authority, like empowered.



ATTACHMENT

16005449

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

COVENTRY I CONDOMINIUM ASSOCIATION, INC.  
205 COVENTRY I  
WEST PALM BEACH, FL 33417

Subject: COVENTRY I CONDOMINIUM ASSOCIATION, INC.

Reference Number: 05000001983

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE  
ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314

*inserted  
65-177790  
W. V. V. V.  
2/27/06  
Pl. See attached*



ATTACHMENT  
66005449

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2006

COVENTRY I CONDOMINIUM ASSOCIATION, INC.  
205 COVENTRY I  
WEST PALM BEACH, FL 33417

Subject: COVENTRY I CONDOMINIUM ASSOCIATION, INC.

Reference Number: N05000001983

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

--If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ  
ANNUAL REPORTS SECTION

*Corrected on  
attached page  
all attached  
should be  
65-017790  
sorry for  
error.  
W. Forman*