

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001983

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** COVENTRY I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CHARLOTTE FORMAN  
205 COVENTRY I  
WEST PALM BEACH, FL 33417 US

**New Principal Place of Business:**

**Current Mailing Address:**

COVENTRY I C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR STE 175  
WEST PALM BEACH, FL 33417 US

**New Mailing Address:**

**FEI Number:** 65-0177790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORMAN, CHARLOTTE  
205 COVENTRY I  
WEST PALM BEACH, FL 33417 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** FORMAN, CHARLOTTE  
**Address:** 205 COVENTRY I  
**City-St-Zip:** WEST PALM BEACH, FL 33417 US

**Title:** S  
**Name:** STUCZKO, RICHARD  
**Address:** 207 COVENTRY I  
**City-St-Zip:** WEST PALM BEACH, FL 33417 US

**Title:** AT  
**Name:** WEBBER, ANN  
**Address:** 198 COVENTRY I  
**City-St-Zip:** WEST PALM BEACH, FL 33417 US

**Title:** AT  
**Name:** TRAUTMAN, PAULINE  
**Address:** 201 COVENTRY I  
**City-St-Zip:** WEST PALM BEACH, FL 33417 US

**Title:** P  
**Name:** BUCHANAN, THOMAS  
**Address:** 208 COVENTRY I  
**City-St-Zip:** WEST PALM BEACH, FL 33417 US

**Title:** D  
**Name:** SCHULTZ, AMELIA  
**Address:** 213 COVENTRY I  
**City-St-Zip:** WEST PALM BEACH, FL 33417 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** GALE CORONA

MGRM

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date