


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90018 033 \*\*\*\*61.25

<b>DOCUMENT # N17553</b>					
1. Entity Name <b>COVENTRY H CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>COVENTRY H-184 W. PALM BEACH, FL 33417 US</b>			Mailing Address <b>COVENTRY H-184 W. PALM BEACH, FL 33417 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01072006 Chg-NP CR2E037 (11/05) 4. FEI Number <b>59-1639199</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROUTHIER, MAURICE 184 COVENTRY H W. PALM BEACH, FL 33417</b>				Name	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
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	SCMPRECHMAN, IRWING		NAME		
STREET ADDRESS	183 COVENTRY H		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	ROUTHIER, MAURICE		NAME		
STREET ADDRESS	184 COVENTRY H		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHPRECHMAN, RITA		NAME		
STREET ADDRESS	COVENTRY H183		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH, FL		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUE, IVY		NAME		
STREET ADDRESS	185 COVENTRY H		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	BAXT, SYLVIA		NAME		
STREET ADDRESS	180 COVENTRY H		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OAKES, PAT		NAME	<b>REISCHER GISELE</b>	
STREET ADDRESS	188 COVENTRY H		STREET ADDRESS	<b>172 COVENTRY H</b>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 or 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 all other like empowered.					
SIGNATURE: <i>Maurice Routhier</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>2-18-06</i> Daytime Phone #: <i>561 7189728</i>		

66002433





ATTACHMENT

66002293

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

COVENTRY H CONDOMINIUM ASSOCIATION, INC.  
COVENTRY H-184  
W. PALM BEACH, FL 33417 US

Subject: **COVENTRY H CONDOMINIUM ASSOCIATION, INC.**

Reference Number: **N17553**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

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.

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ANNUAL REPORTS SECTION