

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90017 036 ****61.25

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03212007 Chg-NP CR2E037 (12/06)

DOCUMENT # N17553 1. Entity Name COVENTRY H CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business COVENTRY H-184 W. PALM BEACH, FL 33417 US			Mailing Address COVENTRY H-184 W. PALM BEACH, FL 33417 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1639199				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROUTHIER, MAURICE 184 COVENTRY H W. PALM BEACH, FL 33417			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REISCHER, GISELE		NAME		
STREET ADDRESS	172 COVENTRY H		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
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 lists empowered.					
SIGNATURE <i>Maurice Routhier</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-26-07 Daytime Phone # 684-7134		