


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90058 044 \*\*\*\*61.25

<b>DOCUMENT # N17553</b> 1. Entity Name <b>COVENTRY H CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>COVENTRY H-184</b> <b>W. PALM BEACH, FL 33417 US</b>			Mailing Address <b>COVENTRY H-184</b> <b>W. PALM BEACH, FL 33417 US</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROUTHIER, MAURICE</b> <b>184 COVENTRY H</b> <b>W. PALM BEACH, FL 33417</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <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 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 like empowered.					
<b>SIGNATURE:</b> <i>Rita Schprechman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>2/6/08</i> Daytime Phone #: <i>561-615-0290</i> <i>Pres. 561-686-7734</i>	