

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-29-2007 90017 037 \*\*\*\*61.25

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03212007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N39827</b> 1. Entity Name <b>COVENTRY C CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>CENTURY VILLAGE COVENTRY 60 COVENTRY C W PALM BCH, FL 33417-6755 US</b>			Mailing Address <b>CENTURY VILLAGE, COVENTRY 60 COVENTRY C W PALM BCH, FL 33417-6755 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	4. FEI Number <b>59-1638064</b>	
				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  <b>MARSHALL, ROBERT S 60 COVENTRY C CENTURY VILLAGE W PALM BCH, FL 33417-6755</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES		TITLE		
NAME	MARSHALL, ROBERT S <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	60 COVENTRY C		STREET ADDRESS		
CITY - ST - ZIP	W PALM BEACH, FL 334176755		CITY - ST - ZIP		
TITLE	VP		TITLE		
NAME	JONES, JULIE <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	59 COVENTRY C		STREET ADDRESS		
CITY - ST - ZIP	W PALM BCH, FL 334176755		CITY - ST - ZIP		
TITLE	T		TITLE		
NAME	SIEGEL, FLORENCE <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	52 COVENTRY C		STREET ADDRESS		
CITY - ST - ZIP	W PALM BCH, FL 334176755		CITY - ST - ZIP		
TITLE	B		TITLE		
NAME	DAMASHEK, BERNARD <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	63 COVENTRY C		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE	S		TITLE		
NAME	MARSHALL, MOLLIE <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	60 COVENTRY C		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 334176755		CITY - ST - ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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>Mollie Marshall Sec.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/24/07 561-683-4663 <small>Date Daytime Phone #</small>		