
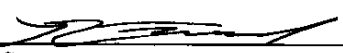
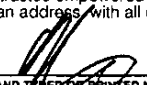


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90456 029 \*\*\*\*61.25

<b>DOCUMENT # N05000005214</b> 1. Entity Name <b>COVENTRY COVE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>3020 S FLORIDA AVE LAKELAND, FL 33803</b>		Mailing Address <b>3020 S FLORIDA AVE LAKELAND, FL 33803</b>	
Principle Place of Business: <b>2045 San Marcos Drive City &amp; State: Winter Haven, FL Zip 33880 Country USA</b>		Mailing Address <b>2045 San Marcos Drive City &amp; State Winter Haven, FL Zip: 33880 Country: USA</b>	
6. Name and Address of Current Registered Agent  <b>BRINSON, J. KEMP 255 MAGNOLIA AVE SW WINTER HAVEN, FL 33880</b>		7. Name and Address of New Registered Agent  <b>Richard A Tenaglia c.o. Creative Association Serv., Inc. 2045 San Marcos Drive Winter Haven, FL 33880</b>	
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 		Richard A Tenaglia <small>(NOTE: Registered Agent signature required when reconstituting)</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>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADAMS, ROBERT J 3020 S FLORIDA AVE LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP ADAMS, D. JOEL 3020 S FLORIDA AVE LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CASSIDY, ALBERT B 3020 S FLORIDA AVE LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> 		<b>Robert J. Adams</b>	
<small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-20-06</b> Daytime Phone # <b>863-619-7103</b>	

60031896



03072006 Chg-NP CR2E037 (11/05)

4. FEI Number **20-2901076** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**