

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005214

FILED
Mar 28, 2009
Secretary of State

Entity Name: COVENTRY COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1078 SUMMER GLEN DRIVE
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

1078 SUMMER GLEN DRIVE
WINTER HAVEN, FL 33880 US

New Mailing Address:

PO BOX 816
EAGLE LAKE, FL 33839 US

FEI Number: 20-2901076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLAYTON & MCCULLOH
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, RAUL J
Address: 1078 SUMMER GLEN DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: CHRISTIAN, RICHARD
Address: 1204 LYSILOMA AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: ST () Delete
Name: BALES, BRENDA
Address: 862 SUMMER GLEN DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: TR () Delete
Name: HOLMES, PAM
Address: 858 SUMMER GLEN DRIVE
City-St-Zip: WINTER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ARCHIBEE, NATALI
Address: 1045 SUMMER GLEN DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: T (X) Change () Addition
Name: HOLMES, PAM
Address: 858 SUMMER GLEN DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM HOLMES

T

03/28/2009

Electronic Signature of Signing Officer or Director

Date