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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N11688** (1)  
1. Corporation Name  
**COVENTRY OF COCOA HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2600 DUNHILL DR COCOA FL 32926** **2600 DUNHILL DR COCOA FL 32926**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/21/1985** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-2802380** Applied For:  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**SOILEAU, JOHN L.  
1970 MICHIGAN AVENUE, SUITE C  
COCOA FL 32923**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIRLO, TIMOTHY A
STREET ADDRESS	3016 DUNHILL DR
CITY-ST-ZIP	COCOA FL
TITLE	VPD
NAME	KOTZ, SHEILA
STREET ADDRESS	2829 DUNHILL DR
CITY-ST-ZIP	COCOA FL
TITLE	SD
NAME	COOPER, WILLIAM
STREET ADDRESS	3022 DUNHILL DR
CITY-ST-ZIP	COCOA FL
TITLE	TD
NAME	FASULO, LEONARD
STREET ADDRESS	3137 WINCHESTER DR
CITY-ST-ZIP	COCOA FL
TITLE	D
NAME	KELLEY, DOROTHY
STREET ADDRESS	2811 DUNHILL DR
CITY-ST-ZIP	COCOA FL
TITLE	D
NAME	LIS, PAT
STREET ADDRESS	3030 DUNHILL DR
CITY-ST-ZIP	COCOA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALICE E TISHAMMER	
1.3 STREET ADDRESS	3006 DUNHILL DR	
1.4 CITY-ST-ZIP	COCOA, FL 32926	
2.1 TITLE	VFD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DONALD BRIDGES	
2.3 STREET ADDRESS	2739 WENTWORTH	
2.4 CITY-ST-ZIP	COCOA, FL 32926	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HUBERT EARNEST CODY	
3.3 STREET ADDRESS	3014 WINCHESTER DR	
3.4 CITY-ST-ZIP	COCOA, FL 32926	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LYDIA CLARK	
5.3 STREET ADDRESS	3019 DUNHILL DR	
5.4 CITY-ST-ZIP	COCOA, FL 32926	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	EVA COFFMAN	
6.3 STREET ADDRESS	3117 WINCHESTER DR.	
6.4 CITY-ST-ZIP	COCOA, FL 32926	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leonard A. Fasullo **LEONARD A. FASULLO** 3/2/95 **407-853-4345**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone