

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11688 (1)**

1. Corporation Name
COVENTRY OF COCOA HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: **2800 DUNHILL DR COCOA FL 32926**
Mailing Address: **2800 DUNHILL DR COCOA FL 32926**

3. Date Incorporated or Qualified: **10/21/1985**
3a. Date of Last Report: **03/08/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2802380	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOILEAU, JOHN L. 1970 MICHIGAN AVENUE, SUITE C COCOA FL 32923				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	ALLIE ROBERTS 2735 WENTWORTH PL COCOA, FL 32926
NAME	TISTHAMMER, ALICE E.		1.2 NAME				
STREET ADDRESS	3006 DUNHILL DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRIDGES, DONALD		2.2 NAME				
STREET ADDRESS	2739 WENTWORTH		2.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CODY, HUBERT E.		3.2 NAME				
STREET ADDRESS	3012 WINCHESTER DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA FL		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FASULO, LEONARD		4.2 NAME				
STREET ADDRESS	3137 WINCHESTER DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	EDITH J. GLANVILLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLARK, LYDIA		5.2 NAME	SD			
STREET ADDRESS	3019 DONHILL DR		5.3 STREET ADDRESS	2801 DUNHILL DR			
CITY-ST-ZIP	COCOA FL		5.4 CITY-ST-ZIP	COCOA, FL 32926			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COFFMAN, EVA		6.2 NAME				
STREET ADDRESS	3117 WINCHESTER DR		6.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA FL		6.4 CITY-ST-ZIP				

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 119.07(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 FASULO Date: 3-5-96 Daytime Phone #: 407-853-4345

CR2E037 (12/95)