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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
2800 DUNHILL DR COCOA FL 32926 2800 DUNHILL DR COCOA FL 32926-5844

3. Date Incorporated or Qualified 10/21/1985 3a. Date of Last Report 03/13/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2802380 Applied For Not Applicable  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 Zip Country 29 Zip Country 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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 [Signature] DATE 1-8-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME TISTHAMMER, ALICE E.	1.1 TITLE	1.2 NAME
STREET ADDRESS 3006 DUNHILL DR	CITY-ST-ZIP COCOA FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE VPD	NAME BRIDGES, DONALD	2.1 TITLE	2.2 NAME
STREET ADDRESS 2739 WENTWORTH	CITY-ST-ZIP COCOA FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE D	NAME CODY, HUBERT E.	3.1 TITLE	3.2 NAME
STREET ADDRESS 3012 WINCHESTER DR	CITY-ST-ZIP COCOA FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE TD	NAME FASULO, LEONARD	4.1 TITLE	4.2 NAME
STREET ADDRESS 3137 WINCHESTER DR	CITY-ST-ZIP COCOA FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE SD	NAME GLANVILLE, EDITH J	5.1 TITLE	5.2 NAME
STREET ADDRESS 2821 DUNHILL DR	CITY-ST-ZIP COCOA FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME COFFMAN, EVA	6.1 TITLE	6.2 NAME
STREET ADDRESS 3117 WINCHESTER DR	CITY-ST-ZIP COCOA FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] LEONARD A. FASULO 1-8-97 407-853-4345  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0019118

CR2E037 (9/96)