

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
10/21/1985

4. FEI Number 59-2802380	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUISE DOUGHERTY	
STREET ADDRESS	2803 DUNHILL DR.	
CITY-ST-ZIP	COCOA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRIDGES, DONALD	
STREET ADDRESS	2739 WENTWORTH	
CITY-ST-ZIP	COCOA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JOE GRACHOWALSKI	
STREET ADDRESS	3027 DMXHILL DR.	
CITY-ST-ZIP	COCOA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FASULO, LEONARD	
STREET ADDRESS	3137 WINCHESTER DR	
CITY-ST-ZIP	COCOA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GLANVILLE, EDITH J	
STREET ADDRESS	2821 DUNHILL DR	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COFFMAN, EVA	
STREET ADDRESS	3117 WINCHESTER DR	
CITY-ST-ZIP	COCOA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAMANTHA BOLGER	
2.3 STREET ADDRESS	3021 COVENTRY COURT	
2.4 CITY-ST-ZIP	COCOA, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DARLENE HALL	
3.3 STREET ADDRESS	2809 DUNHILL DRIVE	
3.4 CITY-ST-ZIP	COCOA, FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DONNA JACKSON	
6.3 STREET ADDRESS	2730 WENTWORTH	
6.4 CITY-ST-ZIP	COCOA, FL	

14. I 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: LEONARDA FASULO 1-7-98 407-853-6888

CR2E037 (10/97)