


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90050 029 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11688**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/21/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2802380
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	LOUISE DOUGHERTY 2803 DUNHILL DR. COCOA FL	1.1 TITLE PD MICHAEL TOWNSEND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME 3106 WINCHESTER DR.	
STREET ADDRESS		1.3 STREET ADDRESS COCOA, FL 32926	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VPD	BOLGER, SAMATHA 3021 COUNTRTY CT COCOA FL	2.1 TITLE VPD KEVIN SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME 2073 SYKES CREEK DR	
STREET ADDRESS		2.3 STREET ADDRESS HERRIT ISLAND FL. 32953	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	HALL, DARLENE 2809 DUNHILL DR COCOA FL	3.1 TITLE SD ELIZABETH MATOS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME 3009 COVENTAY COURT	
STREET ADDRESS		3.3 STREET ADDRESS COCOA, FL 32926	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TD	FASULO, LEONARD 3137 WINCHESTER DR COCOA FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE SD	GLANVILLE, EDITH J 2821 DUNHILL DR COCOA FL	5.1 TITLE D HOWARD W. HOEPFNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME 3007 DUNHILL DR	
STREET ADDRESS		5.3 STREET ADDRESS COCOA, FL 32926	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	JACKSON, DONNA 2730 WENTWORTH COCOA FL	6.1 TITLE D WILLIE C. WADE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME 3025 DUNHILL DR	
STREET ADDRESS		6.3 STREET ADDRESS COCOA, FL 32926	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **A. FASULO** 1-28-99 407-455-8685  
Date Daytime Phone #

CR2E037 (1/98)