

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90069 011 ****61.25

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DOCUMENT # N11688
 1. Entity 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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717140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2802380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME PD LUTTMAN, JOE C STREET ADDRESS 3014 COVENTRY CT CITY-ST-ZIP COCOA FL 32926	<input checked="" type="checkbox"/> Delete
TITLE NAME VPD KOTZ, SHEILA STREET ADDRESS 2829 DUNHILL DR CITY-ST-ZIP COCOA FL 32926	<input checked="" type="checkbox"/> Delete
TITLE NAME S GLANVILLE, JEAN E STREET ADDRESS 2821 DUNHILL DR CITY-ST-ZIP COCOA FL 32926	<input type="checkbox"/> Delete
TITLE NAME TD LEWIS, PAUL STREET ADDRESS 2715 WINCHESTER DR CITY-ST-ZIP COCOA FL 32926	<input type="checkbox"/> Delete
TITLE NAME D HOEPFNER, HOWARD D STREET ADDRESS 3007 DUNHILL DR CITY-ST-ZIP COCOA FL 32926	<input type="checkbox"/> Delete
TITLE NAME D WADE, WILLIE C STREET ADDRESS 3025 DUNHILL DR CITY-ST-ZIP COCOA FL 32926	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD Whitaker Andrew STREET ADDRESS 3151 Dunhill DR CITY-ST-ZIP Cocoa FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Cooper William STREET ADDRESS 3022 Dunhill Drive CITY-ST-ZIP COCOA FL 32926	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Grochowalski Joe STREET ADDRESS 3022 Dunhill Drive CITY-ST-ZIP Cocoa FL 32926	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol J. Lewis* **REQUIRED** **2-13-01** **321-638-3590**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)