



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90069 048 ****61.25

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			
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02272006 Chg-NP CR2E037 (11/05)	
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTZ, SHEILA		NAME	LYDIA CLARK	
STREET ADDRESS	2829 DUNHILL DR		STREET ADDRESS	3019 DUNHILL DRIVE	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	COCOA, FL 32926	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, WILLIE C		NAME		
STREET ADDRESS	3025 DUNHILL DR		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALESSANDRA, ANTHONY		NAME	EVA COFFMAN	
STREET ADDRESS	2702 WINCHESTER DR		STREET ADDRESS	3117 WINCHESTER DRIVE	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	COCOA, FL 32926	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLER, JEFF		NAME		
STREET ADDRESS	3028 DUNHILL DR		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE, WILLIAM		NAME	MARGARET STONE	
STREET ADDRESS	3030 WINCHESTER DR		STREET ADDRESS	3157 DUNHILL DRIVE	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	COCOA, FL 32926	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE, BETTY		NAME	BARBARA LOCKE	
STREET ADDRESS	3030 WINCHESTER DR		STREET ADDRESS	2807 DUNHILL DRIVE	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	COCOA, FL 32926	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Barbara Locke</i>		BARBARA LOCKE TREASURER		2/28/06 (321) 639-3921	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	