

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90018 023 \*\*\*\*61.25

**DOCUMENT # N11688**  
 1. Entity Name  
**COVENTRY OF COCOA HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 2800 DUNHILL DR 2800 DUNHILL DR  
 COCOA FL 32926 COCOA FL 32926



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-2802380** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when instituting)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: S NAME: CLARK, LYDIA STREET ADDRESS: 3019 DUNHILL DR6 CITY-ST-ZIP: COCOA FL 32926	<input checked="" type="checkbox"/> Delete
TITLE: P NAME: WADE, WILLIE C STREET ADDRESS: 3025 DUNHILL DR CITY-ST-ZIP: COCOA FL 32926	<input type="checkbox"/> Delete
TITLE: D NAME: COFFMAN, EVA STREET ADDRESS: 3117 WINCHESTER DR CITY-ST-ZIP: COCOA FL 32926	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: KOHLER, JEFF STREET ADDRESS: 3028 DUNHILL DR CITY-ST-ZIP: COCOA FL 32926	<input type="checkbox"/> Delete
TITLE: D NAME: STONE, MARGARET STREET ADDRESS: 3157 DUNHILL DR CITY-ST-ZIP: COCOA FL 32926	<input type="checkbox"/> Delete
TITLE: T NAME: LOCKE, BARBARA STREET ADDRESS: 2807 DUNHILL DR CITY-ST-ZIP: COCOA FL 32926	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRESIDENT (P) NAME: ROBERT PAIT STREET ADDRESS: 2807 DUNHILL DR CITY-ST-ZIP: COCOA FL 32926	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Signature] NAME: [Signature] STREET ADDRESS: [Signature] CITY-ST-ZIP: [Signature]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TREAASURER (T) NAME: JEFF KOHLER STREET ADDRESS: 3028 DUNHILL DR CITY-ST-ZIP: COCOA FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SECRETARY (S) NAME: STONE, MARGARET STREET ADDRESS: 3157 DUNHILL DR CITY-ST-ZIP: COCOA FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICTOR SLOAN NAME: VICTOR SLOAN STREET ADDRESS: 3161 DUNHILL DR CITY-ST-ZIP: COCOA FL 32926	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JEFFREY KOHLER 4-15-07 324-749-6136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #