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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N13573** (3)

1. Corporation Name
COVENTRY AT PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
185 E. INDIANTOWN RD SUITE 108 JUPITER FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/25/1986** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2692115** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **400 TONEY PENNA DRIVE** 2a. **400 TONEY PENNA DRIVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State **JUPITER FL** 27 City & State **JUPITER FL**
23 Zip **33458** 25 Country **PB** 29 Zip **33458** 30 Country **PB**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DICKERSON MGT INC
185 E. INDIANTOWN RD
SUITE 108
JUPITER FL 33477

10. Name and Address of New Registered Agent
81 **DICKINSON MANAGEMENT, INC**
82 **400 TONEY PENNA DRIVE**
83 **SHERIDAN M. SPRINGER, V.P.**
84 **JUPITER FL** 85 Zip Code **33458**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Sheridan M. Springer, V.P.* DATE **2-28-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FISHMAN, EDWARD
STREET ADDRESS	141 COVENTRY PLACE
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	D
NAME	CARLSON, KENNETH J
STREET ADDRESS	116 COVENTRY PL
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	D
NAME	SCHLANDGER PHOBIE
STREET ADDRESS	143 COVENTRY PL
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	V/D
NAME	BATTLIN, LARRY
STREET ADDRESS	146 COVENTRY PL
CITY-ST-ZIP	PALM BCH GARDENS FL 33418
TITLE	S/D
NAME	STOLLER DAVID
STREET ADDRESS	127 COVENTRY PL
CITY-ST-ZIP	PALM BCH GARDENS FL 33418
TITLE	D
NAME	LEVITT, DORTHY
STREET ADDRESS	135 COVENTRY PL
CITY-ST-ZIP	PBG FL 33418

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	400 TONEY PENNA DRIVE
1.3 STREET ADDRESS	JUPITER, FL 33458
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400 TONEY PENNA DRIVE
2.3 STREET ADDRESS	JUPITER, FL 33458
2.4 CITY-ST-ZIP	
3.1 TITLE	SCHLANGER, PHOBIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	400 TONEY PENNA DRIVE
3.3 STREET ADDRESS	JUPITER FL 33458
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400 TONEY PENNA DRIVE
4.3 STREET ADDRESS	JUPITER FL 33458
4.4 CITY-ST-ZIP	
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400 TONEY PENNA DRIVE
5.3 STREET ADDRESS	JUPITER FL 33458
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400 TONEY PENNA DRIVE
6.3 STREET ADDRESS	JUPITER FL 33458
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 my attachment with an address.

SIGNATURE: *Edward Fishman* DATE **3/2/95** DAYTIME PHONE # **407-694-1246**

S/D
SHERMAN, JAMES
400 TONEY PENNA DRIVE
JUPITER, FL 33458

C

T/D
SHARBAUGH, JAY
400 TONEY PENNA DRIVE
JUPITER, FL 33458

C

D
BOWDRE, PHIL
400 TONEY PENNA DRIVE
JUPITER, FL 33458

C

THESE NAMES WERE SUBMITTED TO YOUR DEPARTMENT LAST YEAR AND WERE
NOT ADDED TO THE 1995 ANNUAL REPORT