

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N13573** (3)

1. Corporation Name

COVENTRY AT PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **400 TONEY PENNA DRIVE SUITE 108 JUPITER FL 33458 US**
Mailing Address: **400 TONEY PENNA DRIVE SUITE 108 JUPITER FL 33458 US**

3. Date Incorporated or Qualified: **02/25/1986**
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: **59-2692115**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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, 400 TONEY PENNA DRIVE, SHERIDAN M. SPRINGER, JUPITER FL 33458**
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	FISHMAN, EDWARD <input checked="" type="checkbox"/> DELETE	1.1 TITLE: Edward Eisenberg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FISHMAN, EDWARD		1.2 NAME: Edward Eisenberg	
STREET ADDRESS: 400 TONEY PENNA DRIVE		1.3 STREET ADDRESS: 400 Toney Penna Drive	
CITY-ST-ZIP: JUPITER FL		1.4 CITY-ST-ZIP: Jupiter, FL 33458	
TITLE: PD	CARLSON, KENNETH T <input type="checkbox"/> DELETE	2.1 TITLE:	
NAME: CARLSON, KENNETH T		2.2 NAME:	
STREET ADDRESS: 400 TONEY PENNA DRIVE		2.3 STREET ADDRESS:	
CITY-ST-ZIP: JUPITER FL		2.4 CITY-ST-ZIP:	
TITLE: D	SCHLANGER, PHOBIE <input type="checkbox"/> DELETE	3.1 TITLE:	
NAME: SCHLANGER, PHOBIE		3.2 NAME:	
STREET ADDRESS: 400 TONEY PENNA DRIVE		3.3 STREET ADDRESS:	
CITY-ST-ZIP: JUPITER FL		3.4 CITY-ST-ZIP:	
TITLE: D	BATTLIN, LARRY <input type="checkbox"/> DELETE	4.1 TITLE:	
NAME: BATTLIN, LARRY		4.2 NAME:	
STREET ADDRESS: 400 TONEY PENNA DRIVE		4.3 STREET ADDRESS:	
CITY-ST-ZIP: JUPITER FL		4.4 CITY-ST-ZIP:	
TITLE: VD	STOLLER DAVID <input checked="" type="checkbox"/> DELETE	5.1 TITLE: Robert Mouson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: STOLLER DAVID		5.2 NAME: Robert Mouson	
STREET ADDRESS: 400 TONEY PENNA DRIVE		5.3 STREET ADDRESS: 400 Toney Penna Drive	
CITY-ST-ZIP: JUPITER FL		5.4 CITY-ST-ZIP: Jupiter, FL 33458	
TITLE: D	LEVITT, DORTHY <input type="checkbox"/> DELETE	6.1 TITLE:	
NAME: LEVITT, DORTHY		6.2 NAME:	
STREET ADDRESS: 400 TONEY PENNA DRIVE		6.3 STREET ADDRESS:	
CITY-ST-ZIP: JUPITER FL		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 119.07(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 an attachment with an address.

SIGNATURE: *Larry Battlin* President 4-22-96 407-947-5305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)