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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13573 (3)
1. Corporation Name
COVENTRY AT PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 400 TONEY PENNA DRIVE SUITE 100 JUPITER FL 33458 US	Mailing Address 400 TONEY PENNA DRIVE SUITE 100 JUPITER FL 33458-5713 US
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3. Date Incorporated or Qualified 02/25/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2692115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**DICKINSON MANAGEMENT, INC.
DICKERSON MGT INC
400 TONEY PENNA DRIVE
SHERIDAN M. SPRINGER
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	EDWARD EPENBERG	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARLSON, KENNETH T	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLANGER, PHOEBE	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATTLIN, LARRY	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT MORNSON	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVITT, DORTHY	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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 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: *[Signature]* REQUIRED
Date: **4/28/97** (561) 747-5505
Daytime Phone # 0043502

CR2E037 (9/96)