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NONPROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N13573

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

Principal Place of Business 400 TONEY PENNA DRIVE JUPITER FL 33458 US	Mailing Address 400 TONEY PENNA DRIVE JUPITER FL 33458 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/25/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2692115
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent DEJESUS, ESTHER 400 TONEY PENNA DRIVE JUPITER FL 33458	10. Name and Address of New Registered Agent 81 Name <i>Steve Inglis</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>103 So US Hwy 1 Suite F5-135</i> 83 84 City <i>Jupiter</i> FL 85 Zip Code <i>33477</i>
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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 *Steve Inglis* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD <input checked="" type="checkbox"/> DELETE	NAME LEIBSON, DAVID	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME LEVIN, DOTTIE
STREET ADDRESS 400 TONEY PENNA DRIVE	CITY-ST-ZIP JUPITER FL	1.3 STREET ADDRESS 103 So. US Hwy 1; Suite F5-135	1.4 CITY-ST-ZIP Jupiter, FL 33477
TITLE D <input type="checkbox"/> DELETE	NAME CARLSON, KENNETH T	2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME CARLSON, KENNETH
STREET ADDRESS 400 TONEY PENNA DRIVE	CITY-ST-ZIP JUPITER FL	2.3 STREET ADDRESS 103 So. U.S. Hwy 1; Suite F5-135	2.4 CITY-ST-ZIP Jupiter FL 33477
TITLE SD <input type="checkbox"/> DELETE	NAME SCHLANGER, PHOEBE	3.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME Schlanger, Phoebe
STREET ADDRESS 400 TONEY PENNA DRIVE	CITY-ST-ZIP JUPITER FL	3.3 STREET ADDRESS 103 So US Hwy 1; Suite F5-135	3.4 CITY-ST-ZIP Jupiter, FL 33477
TITLE D <input checked="" type="checkbox"/> DELETE	NAME BATTALIN, LARRY	4.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME Barbara Paddock
STREET ADDRESS 400 TONEY PENNA DRIVE	CITY-ST-ZIP JUPITER FL	4.3 STREET ADDRESS 103 So US Hwy 1; Suite F5-135	4.4 CITY-ST-ZIP Jupiter, FL 33477
TITLE D <input type="checkbox"/> DELETE	NAME SHARBAUGH, JAY	5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME Jay Sharbaugh
STREET ADDRESS 400 TONEY PENNA DRIVE	CITY-ST-ZIP JUPITER FL	5.3 STREET ADDRESS 103 So US Hwy 1; Suite F5-135	5.4 CITY-ST-ZIP Jupiter, FL 33477
TITLE VD <input checked="" type="checkbox"/> DELETE	NAME MOLNAR, JIM	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.2 NAME James Sherman
STREET ADDRESS 400 TONEY PENNA DRIVE	CITY-ST-ZIP JUPITER FL	6.3 STREET ADDRESS 103 So US Hwy 1; Suite F5-135	6.4 CITY-ST-ZIP Jupiter FL 33477

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Phoebe Schlanger* Date: *3/10/99* Daytime Phone #: *561-575-3551*

CR2E037 (1/1/98)