

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90227 005 ***61.25

001792

DOCUMENT # N13573
1. Entity Name
 COVENTRY AT PGA NATIONAL HOMEOWNERS ASSOCIATION

Principal Place of Business **Mailing Address**
 BRISTOL MANAGEMENT SERVICES
 725 N. AIA SUITE C-110
 JUPITER, FL 33477

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **Applied For**
 59-2692115 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 STEVE INGLIS
 BRISTOL MANAGEMENT SERVICES
 725 N. AIA SUITE C-110
 JUPITER, FL 33477

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.
 SIGNATURE: *Steve Inglis* STEVE INGLIS 4/27/00
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD PHOEBE SCHLANGER
STREET ADDRESS	143 COVENTRY PLACE
CITY-ST-ZIP	PBG, FL 33418
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DVP ELAINE LOWENTHAL
STREET ADDRESS	150 COVENTRY PLACE
CITY-ST-ZIP	PBG, FL 33418
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DT JAY SHARBAUGH
STREET ADDRESS	109 COVENTRY PLACE
CITY-ST-ZIP	PBG, FL 33418
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DS BARBARA PADDUCK
STREET ADDRESS	131 COVENTRY PLACE
CITY-ST-ZIP	PBG, FL 33418
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D DOTTIE LEVITT
STREET ADDRESS	135 COVENTRY PLACE
CITY-ST-ZIP	PBG, FL 33418
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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: *Phoebe Schlangier* PHOEBE SCHLANGIER (561) 575-3551

CR2E037 (9/99)