

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90072 019 \*\*\*\*61.25



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

Principal Place of Business      Mailing Address  
 1930 COMMERCE LANE      1930 COMMERCE LANE  
 #1      #1  
 JUPITER FL 33458      JUPITER FL 33458  
 US      US



MOORE CR2E037 (11/03)

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

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 INGLIS, STEVE  
 1930 COMMERCE LANE  
 #1  
 JUPITER FL 33458

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	<i>SECRETARY</i> DIAMOND, JUDI	<input type="checkbox"/> Delete
STREET ADDRESS	149 COUNTRY PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	SCHERMAN, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	102 COUNTRY PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	GILLESPIE, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	112 COUNTRY PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	VPD PADDOCK, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	131 COVENTRY PL	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE NAME	SCHRUTTER, STAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	106 COUNTRY PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	SHERMAN, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	103 S. US HWY., STE. F5-135	
CITY-ST-ZIP	JUPITER FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<i>PRESIDENT</i> MUNSON, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	106 COVENTRY PL	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE NAME	<i>VICE PRESIDENT</i> ROBERT FOX	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	124 COVENTRY PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE NAME	<i>BOARDMAN, LARRY</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	136 COVENTRY PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE NAME	<i>DISCHARGED, ED</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	155 COVENTRY PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE NAME	<i>DISCHARGED, ROBERT</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	143 COVENTRY PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE NAME	<i>DISCHARGED, GENE</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	111 COVENTRY PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	

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:** *Robert J Munson*      **ROBERT J MUNSON**      3/13/04      561-694-9984  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #