

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


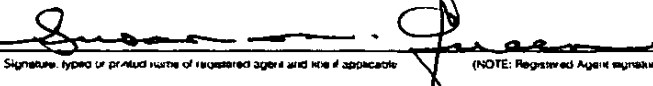
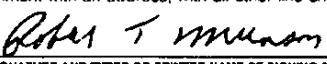
**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90164 037 \*\*\*\*70.00

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1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N13573</b> 1. Entity Name <b>COVENTRY AT PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 1930 COMMERCE LANE #1 JUPITER FL 33458 US		Mailing Address 1930 COMMERCE LANE #1 JUPITER FL 33458 US	
2. Principal Place of Business 300 Ave. of the Champions Suite 120 Palm Bch Gardens, FL 33418 USA		3. Mailing Address 300 Ave of the Champions Suite 120 Palm Beach Gardens, FL 33418 USA	
City & State Palm Bch Gardens, FL		City & State Palm Beach Gardens, FL	
4. FEI Number 59-2692115		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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: Susan M. Queen Street Address (P.O. Box Number is Not Acceptable): 300 Avenue of the Champions Suite 120 Palm Beach Gardens FL 33418	
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: _____ <small>Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW: FEE IS \$61.25 Due By May 17, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MUNSON, ROBERT STREET ADDRESS: 106 COVENTRY PLACE CITY-ST-ZIP: PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE: P NAME: Munson, Robert STREET ADDRESS: 300 Ave of the Champions #120 CITY-ST-ZIP: PBG, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: FOX, ROBERT STREET ADDRESS: 124 COVENTRY PLACE CITY-ST-ZIP: PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE: VP NAME: Fox, Robert STREET ADDRESS: 300 Ave. of the Champions #120 CITY-ST-ZIP: PBG, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BALDAN, LARRY STREET ADDRESS: 136 COVENTRY PLACE CITY-ST-ZIP: PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: Secretary Diamond, Judi STREET ADDRESS: 300 Ave. of the Champions #120 CITY-ST-ZIP: PBG, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: DIAMOND, JUDI STREET ADDRESS: 200 AVE OF CHAMPIONS CITY-ST-ZIP: PALM BCH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE: T NAME: Gillespie, James STREET ADDRESS: 300 Ave. of the Champions #120 CITY-ST-ZIP: PBG, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: GILLESPIE, JANE STREET ADDRESS: 200 AVE OF CHAMPIONS CITY-ST-ZIP: PALM BCH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE: Director NAME: McMahon, Eugene STREET ADDRESS: 300 AVE. OF THE CHAMPIONS #120 CITY-ST-ZIP: PBG, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CRAWLEY, JEFF STREET ADDRESS: 300 AVE OF CHAMPIONS CITY-ST-ZIP: PALM BCH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE: Director NAME: Milne, Sack STREET ADDRESS: 300 Ave. of the Champions CITY-ST-ZIP: PBG, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			