



FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90080 041 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N13573							
1. Entity Name COVENTRY AT PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 300 AVE OF THE CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418 US			Mailing Address 300 AVE OF THE CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2692115			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
QUEEN, SUSAN M 300 AVENUE OF THE CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2007		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	<input checked="" type="checkbox"/> Delete	TITLE	(President) Robert Fox	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUNSON, ROBERT		NAME	124 Coventry Place			
STREET ADDRESS	300 AVE OF CHAMPIONS STE 120		STREET ADDRESS	Palm Beach Gardens FL 33418			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAX, ROBERT		NAME	Eugene McMahon			
STREET ADDRESS	300 AVE OF THE CHAMPIONS STE 120		STREET ADDRESS	111 Coventry Place			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	Palm Beach Gardens FL 33418			
TITLE	S	<input type="checkbox"/> Delete	TITLE	(TREASURER) Jack Milne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAMOND, JUDI		NAME	118 Coventry Place			
STREET ADDRESS	300 AVE OF CHAMPIONS AVE STE 120		STREET ADDRESS	Palm Beach Gardens FL 33418			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	(Director) Robert Munson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GILLESPIE, JAMES		NAME	106 Coventry Place			
STREET ADDRESS	300 AVE OF CHAMPIONS STE 120		STREET ADDRESS	Palm Beach Gardens FL 33418			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	(Director) Robin Carradini	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILLESPIE, JANE		NAME	121 Coventry Place			
STREET ADDRESS	200 AVE OF CHAMPIONS		STREET ADDRESS	Palm Beach Gardens FL 33418			
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CRAWLEY, JEFF		NAME	Arnold Ring			
STREET ADDRESS	200 AVE OF CHAMPIONS		STREET ADDRESS	101 Coventry Place			
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418		CITY-ST-ZIP	Palm Beach Gardens FL 33418			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 4/23/07				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				

40112210



04182007 Chg-NP CR2E037 (12/06)