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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000862 (2)

1. Corporation Name  
**THE HOMES AT COVENTRY VILLAGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: C/O SUNSTATE ACCOUNTING, P.O. BOX 1191, OLDSMAR FL 34677  
Mailing Address: C/O SUNSTATE ACCOUNTING, P.O. BOX 1191, OLDSMAR FL 34677-0022

3. Date Incorporated or Qualified: 02/17/1994  
3a. Date of Last Report: 02/14/1996

21	2. Principal Place of Business <b>Harbour Management</b> Suite, Apt. #, etc.	26	2a. Mailing Address <b>552 Main St.</b> Suite, Apt. #, etc.	4.	FEI Number <b>59-3233525</b>	Applied For	Not Applicable
22	22. City & State <b>Safety Harbor, Fl.</b>	27	27. City & State <b>Safety Harbor, Fl.</b>	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	23. Zip <b>34695</b>	28	28. Zip <b>34695</b>	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	24. Country <b>Pinellas</b>	29	29. Country <b>USA</b>	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>WICKY, JERRY 21 LAFAYETTE BLVD. OLDSMAR FL 34677</b>				10. Name and Address of New Registered Agent			
81	Name <b>MICHAEL BRUDNY</b>			85	Zip Code <b>33609</b>		
82	Street Address (P.O. Box Number is Not Acceptable) <b>ONE URBAN CENTER, STE 985</b>						
83	City <b>4830 W. KENNEDY BLVD.</b>						
84	City <b>TAMPA</b>						

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: *[Signature]* **Michael S. Brudny** 2/26/97  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>P/O</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WICKY, JERRY</b>			1.2 NAME	<b>Michael Bezas</b>		
STREET ADDRESS	<b>221 LAFAYETTE BLVD.</b>			1.3 STREET ADDRESS	<b>5646 Bridgeton Ct.</b>		
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>			1.4 CITY-ST-ZIP	<b>Palm Harbor, Fl. 34685</b>		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HIDLAGO, GAIL</b>			2.2 NAME	<b>Samuel Breitbart</b>		
STREET ADDRESS	<b>107 DUNBAR AVE SUITE 1</b>			2.3 STREET ADDRESS	<b>5642 Essex Ct.</b>		
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>			2.4 CITY-ST-ZIP	<b>Palm Harbor, Fl. 34685</b>		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>VPO</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BERGER, ANDY</b>			3.2 NAME	<b>Scott Fier</b>		
STREET ADDRESS	<b>107 DUNBAR AVE SUITE 1</b>			3.3 STREET ADDRESS	<b>4963 Ridgemoor Circle</b>		
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>			3.4 CITY-ST-ZIP	<b>Palm Harbor, Fl. 34685</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	<b>Deon Baumgardner</b>		
STREET ADDRESS				4.3 STREET ADDRESS	<b>4900 Ridgemoor Circle</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<b>Palm Harbor, Fl. 34685</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<b>T/O</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	<b>Helene Barozny</b>		
STREET ADDRESS				5.3 STREET ADDRESS	<b>5656 Bridgeton Ct.</b>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	<b>Palm Harbor, Fl. 34685</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS	<b>10000210644</b>		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	<b>-03/06/97--01099--001</b>		

14. I do 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 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.

SIGNATURE: *[Signature]* **Helene Barozny** 1-24-97 813-784-2726  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068479

CR2E037 (9/96)