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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mertham

Secretary of State DIVISION OF CORPORATIONS

1997

N9400000862 (2)

FILED Mar 06 1997 8:00am Secretary of State

DOCUMENT # N9400000862 (2) 1. Corporation Name						
THE HOMES AT COVENTRY VILLAGE HOMEOWNERS' ASSOCI ATION, INC.						
Principal Place	e of Business	Mailing Address	·		ABUIT BADIN BADIS ABUAT IBUIR DI	INU ILUI IDUS
C/O SUNSTATE P.O. BOX 1191 OLDSMAR FL 3		C/O SUNSTATE ACCOUNTING P.O. BOX 1191 OLOSMAR FL 34677-0022	G .			·····
				3. Date Incorporated or Qualified 02/17/1994	3a. Date of Last Rep 02/14/199	port K6
	lace of Business	2a. Mailing Address	C.I	4. FEI Number 59-3233525	App	lied For
21 Hanb Suite, Apt.	ann Management	26 SSZ Mai	N 21.	08-0200020	- ¢0.75 A	Applicable
22	n, etc	27		5. Certificate of Status Desired	Fee Req	
City & State		City & State	1 1	6. Election Campaign Financing	\$5.00 N	
23 5 a 4 Zip	ety Harbor, Fl.	28 Safety Han	Country C	Trust Fund Contribution This perpendion has lightling for	Added to	
24 346	95 25 Pinellas	29 34695 30	~ (.CY	8. This corporation has liability for Florida Statutes	Yes No	199.032,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	AXIS
IMORA.	ICODY		61 Name	MICHAEL BRU	JAN DEST	
WICKY,	JERRY RYETTE BLVD.		82 Street	Address (P.O. Box Number is Not Accepted	(98	5
	AR FL 34677		83 402			
•			84 City	O MY KENNEDY BLAD	85 Zip Ci	ode
	4. the	and 017 1500. Electro Statutos	<u> </u>	Agm	FL 337	900
- office or re	egistered agent, or both, in the State of	of Florida, Such change was aut	horized by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appointment as re	egistered
agent. Fai	m familiar with, and accept the obligati	ions of, Section 617.0003, Piono	a sautes.	A Mar. I	110 h	1
OVOLUTIONS			ـ اممیلی،	. <i>、人「いけ</i> いし	44 R7	ì
SIGNATURE	Signature, typy 3 or printed name of registered agent	··	chae Registered Agent signature		4497 DATE	
12.	Signature, tys 1 or printed name of registered agent OFFICERS AND	DIRECTORS	(Chae legistered Agent signature 13.	ADDITIONS/CHANGES TO OFFIC		3 IN 12
12.	Signature, type I or printed name of registered agent OFFICERS AND D	··	tegistered Agent signature 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	∠ Change	Addition
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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.