

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N94000000862 (2)**  
1. Corporation Name  
**THE HOMES AT COVENTRY VILLAGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>HARBOUR MANAGEMENT P.O. BOX 1191 SAFETY HARBOUR FL 34695</b>	Mailing Address <b>552 MAIN ST. SAFETY HARBOUR FL 34695</b>
--	--

3. Date Incorporated or Qualified  
**02/17/1994**

4. FEI Number <b>59-3233525</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
---	----------------------------------

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

Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
----------------------------------	----------------------------------

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

City & State <b>23</b>	City & State <b>28</b>
---------------------------	---------------------------

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
------------------	----------------------	------------------	----------------------

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**BRUDNY, MICHAEL J  
ONE URBAN CENTER, STE 005  
4830 W. KENNEDY BLVD.  
TAMPA FL 33609**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD BEZAS, MICHAEL 5848 BRIDGETON CT. PALM HARBOR FL 34685</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BREITBART, SAMUEL 5842 ESSEX CT. PALM HARBOR FL 34685</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>D QUESINBERRY, GARY 4326 RIDGEMOOR DRIVE PALM HARBOR, FL 34685</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD FIER, SCOTT 4963 RIDGEMOOR CIRCLE PALM HARBOR FL 34685</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD BAUMGARDNER, DEAN 4900 RIDGEMOOR CIRCLE PALM HARBOR FL 34685</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>SD BAUMGARDNER, DONALD L. 4900 RIDGEMOOR CIRCLE PALM HARBOR, FL 34685</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD BAROZNY, HELENE 5656 BRIDGETON CT. PALM HARBOR FL 34685</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>TD BOROZNY, HELENE 5656 BRIDGETON COURT PALM HARBOR, FL 34685</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: Helene Borozny 2/7/98 942-5199

CR2E037 (10/97)