## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9400000862

1. Entity Name

## THE HOMES AT COVENTRY VILLAGE HOMEOWNERS' ASSO ATION, INC.



**FILED** Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90637 007 \*\*\*\*61.25

CI	

				_						
•			ailing Address							
2430 ESTANCIA BLVD 2430 ESTANCIA BLVD SUITE 114 SUITE 114										
CLEARWATER FL 33761 CLEARWATER FL 33761							II <b>Bibik Mar</b> iyi <b>Bi</b> hil <b>Bo</b> lki <b>10</b> 51. <b>6</b>	8ill <b>18</b> 191 18116 1	1819 1981 1 <b>98</b> 1	
Principal Place of Business     Address     Mailing Address										
Suite, Apt. #, etc. Suite,			te, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	'e	City	City & State			4. FEi Number 59-3233525 Applied For				
									ot Applicable	
Zip	Country	Zip		Country	್ರಾಧ್ಯರ-ಚಾಡಿ	5. Certificate of Sta	tus Desired 📜 📜	\$8.75 Ad -Fee Require		
	6. Name and Address of Cur	rent Registered	Agent			7. Name and Addr	ess of New Registered	Agent		
				Name	Name					
	CENTRAL MANAGEMENT, IN	С		Street	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 11	TANCIA BLAD									
	ATER FL 33761									
5.5				City			FL	Zip Cod	ie (	
	named entity submits this statement tions of registered agent.	ent for the purpo:	se of changing its	registered office	or registere	ed agent, or both, in the	he State of Florida. I am	familiar with,	, and accept	
	-?									
SIGNATURE	•									
4	Signature, typed or printed name of registered	agent and title if applic	able. (NOTE	: Registered Agent signa	ature required	when reinstating)	DATE		ľ	
• ,	· · · · · · · · · · · · · · · · · · ·				-					
FILE NOW: FEE IS \$61.25  9. Election Camp. Trust Fund Con										
	<i>\$</i> . *		maser and o	onanbation.	_	Added to Fees	Fiorida Depai	. Unient or	State	
10.	OFFICERS AN	D DIRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	RECTORS IN	V 10	
TITLE	PD CONTOKE ED		Delete	TITLE	67	250000		Change	ddition	
NAME	GOWSKI, ED		_	NAME	URN	d Singha 6 Ridgema	VCB		'	
STREET ADDRESS CITY-ST-ZIP	4780 RIDGEMOOR CR. PALM HARBOR FL 34685			STREET ADDRESS CITY-ST-ZIP	Palm	Horby,	F1. 34LRS			
TITLE	VD VD	- ,	☐ Delete	TITLE	CN			☐ Change	Addition	
NAME	PIERCE, TIM		L. Delete	NAME	mark	L Schreine	r	Onlange		
STREET ADDRESS	4799 RIDGEMOOR DR	<del></del> -		STREET ADDRESS	4220	g Ridgemour		والمواجعة والمعرفة		
CITY-ST-ZIP	PALM HARBOR FL 34685			CITY-ST-ZIP	Palm	Harbor F	L 3468S			
TITLE	SD TTO		Delete	TITLE	70			Change	Addition	
NAME	SANTIAGO, TITO			NAME	Rara	ONeil				
STREET ADDRESS CITY-ST-ZIP	5696 BRIDGETON CT   PALM HARBOR FL 34685			STREET ADDRESS CITY-ST-ZIP	8643	3 Eles of Cot	Ex 20100	-		
TITLE	TD		Delata	TITLE	Pala	- Harbor	FE 0 1607	☐ Change	Addition	
NAME	PATTERSON, JOANNA		Delete	NAME	10 Q	ca Patters	<b>S</b> 1.	Change	<b>A</b>	
STREET ADDRESS	4880 RIDGEMOOR CR			STREET ADDRESS	4880	Ridgemes	- CR			
CITY-ST-ZIP	PALM HARBOR FL 34685			CITY-ST-ZIP	Prin	~ Harbor	- PL 346	88		
TITLE	D	-**	☐ Delete	TITLE <b>D</b>	4.4	Sentiago	,	☐ Change	Addition	
NAME	STAFFORD, RICHARD			NAME		16 Bridgeto	, nGt	•		
STREET ADDRESS CITY-ST-ZIP	4760 RIDGEMOOR CR.			STREET ADDRESS CITY-ST-ZIP	Par.	~ Harber	D 3110	<u>_</u>		
	PALM HARBOR FL 34685			<del></del>	10-11	- 100 DOI	1402 408	<u> </u>	Cale	
title Name	NELSON, DAWN		☐ Delete	TITLE NAME	000	el isthe	·	☐ Change	Addition	
STREET ADDRESS	4624 WELLSLEY CT			STREET ADDRESS	Resid	7 6,986 mg	orch		}	
CITY-ST-ZIP	PALM HARBOR FL 34685			CITY-ST-ZIP	12110		,FL346	7.8	}	
12 Lharabur	portify that the information supplies	Luith this filiss ≥	one not qualify for	the average as	tod in Cor	ntion 110 07(3)(i) Fin-	dida Chakunan 1 Sudhar an	melder also as also as i		

r nereby 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 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:**