

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111558

FILED
Mar 05, 2004
Secretary of State

Entity Name: COVENTRY ESTATES HOMEOWNERS, INC.

Current Principal Place of Business:

20764 W DIXIE HWY
AVENTURA, FL 331801146

New Principal Place of Business:

20764 WEST DIXIE HIGHWAY
AVENTURA, FL 331801146 US

Current Mailing Address:

20764 W DIXIE HWY
AVENTURA, FL 331801146

New Mailing Address:

20764 WEST DIXIE HIGHWAY
AVENTURA, FL 331801146 US

FEI Number: 20-0328525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

AIN, CLIFFORD B
20764 WEST DIXIE HIGHWAY
AVENTURA, FL 331801146 US

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.

SIGNATURE: CLIFFORD B. AIN

03/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AIN, CLIFFORD B
Address: 20764 W DIXIE HWY
City-St-Zip: AVENTURA, FL 331801146

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: AIN, CLIFFORD B
Address: 20764 WEST DIXIE HIGHWAY
City-St-Zip: AVENTURA, FL 331801146 US

Title: DVPS () Change (X) Addition
Name: WENDROW, NADENE
Address: 20764 WEST DIXIE HIGHWAY
City-St-Zip: AVENTURA, FL 331801146 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD B. AIN

DPT

03/05/2004

Electronic Signature of Signing Officer or Director

Date