


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90101 013 ***158.75

DOCUMENT # P03000111558

1. Entity Name
 COVENTRY ESTATES HOMEOWNERS, INC.



Principal Place of Business
 20764 WEST DIXIE HIGHWAY
 AVENTURA, FL 33180-1146 US

Mailing Address
 20764 WEST DIXIE HIGHWAY
 AVENTURA, FL 33180-1146 US



2. Principal Place of Business
 150 W. Flagler St.
 Suite, Apt. #, etc.
 Ste. 2200, c/o A. Rodman

3. Mailing Address
 150 W. Flagler St.
 Suite, Apt. #, etc.
 Ste. 2200, c/o A. Rodman

01132006 Chg-P CR2E034 (11/05)

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33130

Country
 USA

4. FEI Number
 20-0328525

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 AIN, CLIFFORD B
 20764 WEST DIXIE HIGHWAY
 AVENTURA, FL 33180-1146

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

7. Name and Address of New Registered Agent

Name
 Andrew L. Rodman

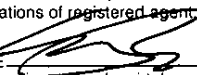
Street Address (P.O. Box Number is Not Acceptable)
 150 W. Flagler St., Ste. 2200

City
 Miami

State
 FL

Zip Code
 33130

8. 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. I am familiar with, and accept the obligations of registered agent Andrew Rodman, President

SIGNATURE:  DATE: 1/14/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

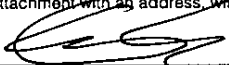
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
DPT	AIN, CLIFFORD B	20764 WEST DIXIE HIGHWAY	AVENTURA, FL 331801146	<input checked="" type="checkbox"/>
	DVPS	WENDROW, NADENE	20764 WEST DIXIE HIGHWAY	<input type="checkbox"/>
			AVENTURA, FL 331801146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D/P	Rodman, Andrew L.	150 W. Flagler St., Ste. 2200	Miami, FL 33130	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
O/V/S	Wendrow, Nadene	1730 NE 149 St.	Miami, FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Jorge Lerman	1730 NE 147 Terrace	Miami, FL 33179	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:  Andrew Rodman DATE: 1/14/06 Daytime Phone #: 305-789-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR