


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90035 050 \*\*\*150.00

**DOCUMENT # P0300011558**

1. Entity Name  
**COVENTRY ESTATES HOMEOWNERS, INC.**



Principal Place of Business      Mailing Address

150 W. FLAGLER ST  
 STE. 2200, C/O A.RODMAN  
 MIAMI, FL 33130 US

150 W. FLAGLER ST  
 STE. 2200, C/O A.RODMAN  
 MIAMI, FL 33130 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**150 W. FLAGLER ST.**      **150 W. FLAGLER ST.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Ste. 2200 c/o A. RODMAN**      **Ste. 2200 c/o A. RODMAN**

City & State      City & State

**MIAMI FL**      **MIAMI FL**

Zip      Country      Zip      Country

**33130 USA**      **33130 USA**



02042007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**20-0328525**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RODMAN, ANDREW L**  
**150 W. FLAGLER ST., STE. 2200**  
**MIAMI, FL 33130**

**7. Name and Address of New Registered Agent**

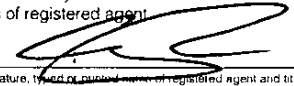
Name **RODMAN ANDREW L.**

Street Address (P.O. Box Number is Not Acceptable) **150 W. FLAGLER ST., Ste. 2200**

**STEARNS WENDEL MILLER**

City **MIAMI**      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.

SIGNATURE:       DATE: **1/4/07**

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	RODMAN, ANDREW L	
STREET ADDRESS	150 W. FLAGLER ST., STE. 2200	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	WENDROW, NADENE	
STREET ADDRESS	1730 N.E. 199TH ST.	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	LERMAN, JORGE	
STREET ADDRESS	1730 N.E. 197TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       Date: **1/4/07**      Daytime Phone #: **305-789-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #