

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-08-2007 90035 050 ***150.00

DOCUMENT # P03000111558 1. Entity Name COVENTRY ESTATES HOMEOWNERS, INC.			
Principal Place of Business 150 W. FLAGLER ST STE. 2200, C/O A.RODMAN MIAMI, FL 33130 US		Mailing Address 150 W. FLAGLER ST STE. 2200, C/O A.RODMAN MIAMI, FL 33130 US	
2. Principal Place of Business - No P.O. Box # 150 W. FLAGLER ST. Suite, Apt. #, etc. Ste. 2200 c/o A. Rodman City & State MIAMI FL Zip 33130 Country USA		3. Mailing Address 150 W. FLAGLER ST. Suite, Apt. #, etc. Ste. 2200 c/o A. Rodman City & State MIAMI FL Zip 33130 Country USA	
4. FEI Number 20-0328525		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 WEAVER 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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODMAN, ANDREW L 150 W. FLAGLER ST., STE. 2200 MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WENDROW, NADENE 1730 N.E. 199TH ST. MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LERMAN, JORGE 1730 N.E. 197TH TERRACE MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	