

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90188 017 ****61.25

DOCUMENT # N03000009354

1. Entity Name
COVENTRY AT STRATFORD PLACE SECTION II
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
~~C/O INTEGRATED PROPERTY MGMT~~
~~3435 10TH STREET N, # 201~~
~~NAPLES, FL 34103~~

Mailing Address
~~C/O INTEGRATED PROPERTY MGMT~~
~~3435 10TH STREET N, # 201~~
~~NAPLES, FL 34103~~

60035910



2. Principal Place of Business - No P.O. Box #
~~c/o Resort Management~~
~~2685 Horseshoe Dr. S. #215~~
~~Naples, FL~~

3. Mailing Address
~~c/o Resort Management~~
~~2685 Horseshoe Dr. S. #215~~
~~Naples, FL~~

City & State
~~Naples, FL~~

Zip
~~34104~~

Country
~~Collier~~

04012008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
~~SAMSONE, ROBERT C~~
~~5405 PARK CENTRAL COURT~~
~~NAPLES, FL 34109~~

7. Name and Address of New Registered Agent
Name Richard D. Shadle
Street Address (P.O. Box Number is Not Acceptable)
1365 Henley Street #502
City Naples FL Zip Code 34105

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 R. Dennis Shadle RICHARD DENNIS SHADLE 4-9-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARSHALL, EILEEN 1390 TIFFANY LANE #2302 NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Caliguire, Thomas 1375 Henley Street #403 Naples, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SHADLE, DENNIS 1365 HENLEY ST., #502 NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS Shadle, Richard D. 1365 Henley Street #502 Naples, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST OLEARY, LARRY 1375 HENLEY STREET, #402 NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	YPS O'Leary, Lawrence 1375 Henley Street #402 Naples, FL 34105 <input checked="" 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
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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 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: Richard D. Shadle RICHARD D SHADLE 4-9-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #