

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90253 033 ****61.25

DOCUMENT # N03000009360 1. Entity Name COVENTRY AT STRATFORD PLACE SECTION III CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435 NORTH STREET N. # 201 NAPLES, FL 34103		Mailing Address C/O INTEGRATED PROPERTY MGMT 3435 NORTH STREET N. # 201 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box # C/O Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215		3. Mailing Address C/O Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215	
City & State Naples, FL Zip 34104		City & State Naples, FL Zip 34104	
Country Collier		Country Collier	
4. FEI Number 20-1036737		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 SAMOUCE, ROBERT C 5405 PARK CENTRAL COURT NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Carole Vasiloff Street Address (P.O. Box Number is Not Acceptable) 1345 Henley Street # 708 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 <u><i>Carole Vasiloff</i></u> President 4-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VASILOFF, CAROLE 1345 HENLEY STREET 708 NAPLES, FL 34105	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT RASETA, SANDRA 1335 HENLEY STREET 801 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS HENDERSON, JOHN 1335 HENLEY STREET 807 NAPLES, FL 34105	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
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: <u><i>Carole Vasiloff</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-11-08 <small>Date Daytime Phone #</small>	

Carole Vasiloff President