FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

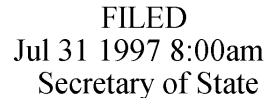
1997 DOCUMENT #

(3)

COVENTRY GREEN, HOLIDAY HILL ESTATES CIVIC ASSOC IATION, INC.

Principal Place of Business

Mailing Address





PO BOX 6061 HUDSON FL 34674		PO BOX 6081 HUDSON FL 34674-6081			
, , , , , , , , , , , , , , , , , , ,				3. Date Incorporated or Qualified 06/02/1982	3a. Date of Last Report 04/02/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
27 70 Box 6081		26 PO Box 6081		59-3142553	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Hud		28 HUDSON F		Trust Fund Contribution	Added to Fees
Zip 24 3467	Country PASCO	29 34674 - 6081 3	Country	This corporation has liability for Florida Statutes	intangible tax under s. 199.032. Yes No
24 0 70 7	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Re	
10900 C	TNEY, PAUL J DUEENS ROAD ICHEY FL 34868		81 Name82 Street8384 City	F. Michael YEALY Address (P.O. Box Number is Not Acceptal 7609 LANCELST RO	ble)
				KORT Richey	FL 34668
11. Pursuant toffice or reagont. I as	to the provisions of Sections 617.050 egistered agent, or both, in the State of familiar with, and accept the oblight MICHALL Signature, typed or profiled name of registered age	MY NAMED VI	, the above-named thorized by the corp da Statutes.		purpose of changing its registered pt the appointment as registered DATE
⊴2.	OFFICERS AN	D DIRECTORS	13.	ANDITIONS/CHANGES TO OFFI	
TITLE	PD	DELETE	1.1 TITLE	PD	Change Addition
NAME	MCCARTNEY, PAUL J		1.2 NAME	F. Michael YEALY	
STREET ADDRESS	10900 QUEENS RD.		1.3 STREET ADDRESS	7609 LANGELOT RO	
CITY-ST-ZIP	PT RICHEY FL		1.4 CITY - ST - ZIP	PORT Richey FL.	
TITLE	VPD	DELETÉ	2.1 TITLE	VPD	Change Addition
NAME	LATWINAS, TOM		2.2 NAME	PAUL MEYERS	
STREET ADDRESS	7306 COVENTRY DR.		-2.3 STREET ADDRESS	7540 CAMELET RE	
CITY-ST-ZIP	PT RICHEY FL		2. 4 CITY - ST- ZIP	PORT RICHBY FL.	
TITLE	SD	DELETE	3.1 TITLE	SD.	Change Addition
NAME	QUINN, CAROLYN		3.2 NAME	Diane Meyers	
STREET ADDRESS	7603 LANCELOT RD.		3.3 STREET ADDRESS	7540 CAMELOT RS.	
CITY-ST-ZIP	PT RICHEY FL		3.4. CITY - ST - 2(P	PART Richey FL.	
TITLE	ŤD	₩ DELETE	4.1 TITLE	TD .	Change Addition
NAME	LENELL, DOLORES		4. 2 NAME	PAUL MCCARTNEY	
STREET ADDRESS	7300 COVENTRY DR.		4.3 STREET ADDRESS	10900 QUBENS Rd	
CHTY-ST-ZIP	PT RICHEY FL		4.4 CITY-ST-ZIP	PORT Richey FL	
TITLE	D	☐ DELETE	51 TITLE	D	Change
NAME	FLANNERY, LORRAINE		5.2 NAME		
STREET ADDRESS	7808 COVENTRY DRIVE		5.3 STREET ADDRESS	Same	
CHTY-ST-ZIP	PORT RICHEY FL		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE	D	Change Addition
NAME	OTTO, HELEN	•	6.2 NAME	GLORIA GOLDMAN	
STREET ADDRESS	7524 LANCELOT ROAD		6.3 STREET ADDRESS	10741 Brilleton Rd	
CITY-ST-ZIP	PT RICHEY FL		6.4 CITY-ST-ZIP	PART RICHEY FL.	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.