

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -5 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 763525 (3)

1. Corporation Name

COVENTRY GREEN, HOLIDAY HILL ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6081
HUDSON FL 34874
US

PO BOX 6081
HUDSON FL 34674

3. Date Incorporated or Qualified

08/02/1982

4. FEI Number

59-3142553

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YEALY, F MICHAEL
7609 LANCELOT RD
PORT RICHEY FL 34668

81 Name
PAUL MEYERS
82 Street Address (P.O. Box Number is Not Acceptable)
7540 CAMELOT ROAD
83
84 City
PORT RICHEY FL 85 Zip Code
34668

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/1/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME YEALY, F. MICHAEL
STREET ADDRESS 7609 LANCELOT RD
CITY-ST-ZIP PT RICHEY FL
TITLE VPD ☒ DELETE
NAME MEYERS, PAUL
STREET ADDRESS 7540 CAMELOT RD
CITY-ST-ZIP PT RICHEY FL
TITLE SD ☐ DELETE
NAME MEYERS, DIANE
STREET ADDRESS 7540 CAMELOT RD
CITY-ST-ZIP PT RICHEY FL
TITLE TD ☐ DELETE
NAME MCCARTNEY
STREET ADDRESS 10900 QUEENS RD
CITY-ST-ZIP PT RICHEY FL
TITLE D ☒ DELETE
NAME FLANNERY, LORRAINE
STREET ADDRESS 7808 COVENTRY DRIVE
CITY-ST-ZIP PORT RICHEY FL
TITLE D ☐ DELETE
NAME GOLDMAN, GLORIA
STREET ADDRESS 10741 BRIDLETON RD
CITY-ST-ZIP PT RICHEY FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PAUL MEYERS
1.3 STREET ADDRESS 7540 CAMELOT ROAD
1.4 CITY-ST-ZIP PORT RICHEY FLA. 34668
2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME CAROLYN QUINN
2.3 STREET ADDRESS 7603 LANCELOT ROAD
2.4 CITY-ST-ZIP PORT RICHEY FLA. 34668
3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME DOLORES LENELL
3.3 STREET ADDRESS 7300 COVENTRY DRIVE
3.4 CITY-ST-ZIP PORT RICHEY FLA. 34668
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 7000025547017--9
4.4 CITY-ST-ZIP -06/10/98--01051--022
*****61.25 *****61.25
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE *[Signature]*

6-1-98 813-863-5279

CP2E037 (10/97)