

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90076 045 \*\*\*150.00

DOCUMENT # J25397

1. Corporation Name  
COVENTRY PLACE, INC.

Principal Place of Business  
C/O SOUTH CAMPUS ASSOC.  
134 N.EAGLEVILLE RD.  
STORRS CT 06268  
US

Mailing Address  
C/O SOUTH CAMPUS ASSOC.  
134 N.EAGLEVILLE RD.  
STORRS CT 06268  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1986

4. FEI Number

59-2698786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 90 SOUTH CAMPUS ASSOC  
Suite, Apt. #, etc.

22 134 N. EAGLEVILLE RD. P.O. 139  
City & State

23 STORRS CT

24 06268 Country  
25 US

2a. Mailing Address

26 90 SOUTH CAMPUS ASSOC  
Suite, Apt. #, etc.

27 134 N. EAGLEVILLE RD. P.O. 139  
City & State

28 STORRS CT

29 06268 Country  
30 US

9. Name and Address of Current Registered Agent

KAY, JAMES R  
777 S FLAGLER DR STE 900  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME SANDERSON, OWEN M  
STREET ADDRESS 134 N EAGLEVILLE ROAD  
CITY-ST-ZIP STORRS CT ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Owen M. Sanderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99

561-367-0480

CR2E034 (11/98)

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