

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
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90009 022 ***150.00

DOCUMENT # J25397

Corporation Name
COVENTRY PLACE, INC.



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

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

Principal Place of Business

90 SOUTH CAMPUS ASSOC

Suite, Apt. #, etc.

134 N EAGLEVILLE RD. 139

City & State

STORRS CT

Zip Country

06268 US

Mailing Address

C/O SOUTH CAMPUS ASSOC.

134 N EAGLEVILLE RD.

STORRS CT 06268

US

2a. Mailing Address

90 SOUTH CAMPUS ASSOC

Suite, Apt. #, etc.

134 N EAGLEVILLE RD. 139

City & State

STORRS CT

Zip

06268

Country

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

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DPST
SANDERSON, OWEN M
134 N EAGLEVILLE ROAD
STORRS CT

DELETE

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

Change Addition

DELETE

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

Change Addition

DELETE

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

Change Addition

DELETE

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

Change Addition

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5.1 TITLE
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5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

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6.1 TITLE
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6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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7.1 TITLE
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7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

Change Addition

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8.1 TITLE
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8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

Change Addition

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9.1 TITLE
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9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

Change Addition

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10.1 TITLE
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10.4 CITY-ST-ZIP

Change Addition

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11.1 TITLE
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11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

Change Addition

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12.1 TITLE
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12.4 CITY-ST-ZIP

Change Addition

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13.1 TITLE
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13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

Change Addition

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14.1 TITLE
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14.3 STREET ADDRESS
14.4 CITY-ST-ZIP

Change Addition

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15.1 TITLE
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15.3 STREET ADDRESS
15.4 CITY-ST-ZIP

Change Addition

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16.1 TITLE
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16.3 STREET ADDRESS
16.4 CITY-ST-ZIP

Change Addition

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17.1 TITLE
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17.4 CITY-ST-ZIP

Change Addition

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18.1 TITLE
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18.4 CITY-ST-ZIP

Change Addition

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19.1 TITLE
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19.4 CITY-ST-ZIP

Change Addition

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20.1 TITLE
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20.4 CITY-ST-ZIP

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21.1 TITLE
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21.4 CITY-ST-ZIP

Change Addition

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22.1 TITLE
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22.4 CITY-ST-ZIP

Change Addition

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23.1 TITLE
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23.4 CITY-ST-ZIP

Change Addition

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24.1 TITLE
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24.4 CITY-ST-ZIP

Change Addition

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25.1 TITLE
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25.4 CITY-ST-ZIP

Change Addition

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26.1 TITLE
26.2 NAME
26.3 STREET ADDRESS
26.4 CITY-ST-ZIP

Change Addition

DELETE

27.1 TITLE
27.2 NAME
27.3 STREET ADDRESS
27.4 CITY-ST-ZIP

Change Addition

DELETE

28.1 TITLE
28.2 NAME
28.3 STREET ADDRESS
28.4 CITY-ST-ZIP

Change Addition

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.