

2001 UNIFORM BUSINESS REPORT (UBR)

4/11

FILED

May 03, 2001 8:00 am
Secretary of State

04-11-2001 90098 039 ****61.25

DOCUMENT # N000000001475

1. Entity Name

COVENTRY ASSOCIATION OF HOMEOWNERS, INC.

Principal Place of Business

Mailing Address

1700 BOLTON ABBEY DRIVE
JACKSONVILLE FL 32223

1700 BOLTON ABBEY DRIVE
JACKSONVILLE FL 32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOMACK, MATTHES
1783 BOLTON ABBEY DRIVE
JACKSONVILLE FL 32223

Name

Carol A. Blomgren

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

1763 Grassington Way South

City

Jacksonville

FL

Zip Code

32223

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.

SIGNATURE

Carol A. Blomgren, President

CAROL A. BLOMGREN

4/8/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WOMACK, MATTHES	
STREET ADDRESS	1700 BOLTON ABBEY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHAFFER, LESLEY	
STREET ADDRESS	1700 BOLTON ABBEY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CAPECE, DANIEL	
STREET ADDRESS	1700 BOLTON ABBEY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WALKER, ANGELA	
STREET ADDRESS	1700 BOLTON ABBEY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol A. Blomgren	
STREET ADDRESS	1763 Grassington Way South	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Adams	
STREET ADDRESS	1818 Bolton Abbey Drive	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hugh Tobias	
STREET ADDRESS	14248 Middleham Lane	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Coward	
STREET ADDRESS	14271 Hawksmore Lane	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Carol A. Blomgren

President

CAROL A. BLOMGREN

4/8/01 262-9295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)