


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90017 013 \*\*\*\*61.25

<b>DOCUMENT # N00000005806</b>					
<b>1. Entity Name</b> COVILLE FAMILY SUPPORTING FOUNDATION, INC.					
<b>Principal Place of Business</b> 580 SOUTH MCINTOSH ROAD SARASOTA, FL 34232			<b>Mailing Address</b> 580 SOUTH MCINTOSH ROAD SARASOTA, FL 34232		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-1043671	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
TEVLOWITZ, HOWARD 580 SOUTH MCINTOSH ROAD SARASOTA, FL 34232				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD COVILLE, WARREN 216 BIRD KEY DRIVE SARASOTA, FL 34236	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD COVILLE, MARGOT 216 BIRD KEY DRIVE SARASOTA, FL 34236	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TD COVILLE, BETSY ROBIN 510 STRATFIELD DRIVE LUTZ, FL 33549	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD TRIEST, BRENT 290 FRANKLIN CENTER, 29100 N WESTERN HWY SOUTHFIELD, MI 48034	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D STULBERG, LOIS 655 LONGBOAT CLUB ROAD 16-A LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> _____			2/27/06 941-371-4546		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40021964

~~##N00000005806~~

Title	FirstName	LastName	Address1	City	State	PostalCode
Mr.	Warren	Coville	216 Bird Key Dr.	Sarasota	FL	34236
Mrs.	Margot	Coville	216 Bird Key Dr.	Sarasota	FL	34236
Ms.	Betsy	Coville	510 Stratfield Dr.	Lutz	FL	33549
Mr.	Brent	Triest	290 Franklin Center, 29100 Northwestern Highway	Southfield	MI	48034
Mr.	Howard	Tevlowitz	580 S. McIntosh Rd.	Sarasota	FL	34232
Mrs.	Lois	Stulberg	655 Longboat Club Rd., #16-A	Longboat Key	FL	34228
Mr.	Howard	Markus	1281 Gulf of Mexico Dr., #607	Longboat Key	FL	34228
Mrs.	Cheryl	Gordon	240 S. Pineapple Ave., 10 <sup>th</sup> Floor	Sarasota	FL	34236
Mrs.	Lilian	Sands	5951 Gulf of Mexico Dr.	Longboat Key	FL	34228