

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006818

FILED
Apr 16, 2004
Secretary of State**Entity Name:** THE COVENTRY HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**1401 BRICKELL AVENUE
SUITE 340
MIAMI, FL 33131**New Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**Current Mailing Address:**1401 BRICKELL AVENUE
SUITE 340
MIAMI, FL 33131**New Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**FEI Number:** 55-0798740**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBERT W. STEWART, P.A.
999 BRICKELL AVENUE
SUITE #1006
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PENICHET, TERESA A
Address: 1401 BRICKELL AVENUE #340
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: ROSS, WILLIAM N
Address: 1401 BRICKELL AVENUE #340
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: SENKER, JOSEPH A
Address: 1401 BRICKELL AVENUE #340
City-St-Zip: MIAMI, FL 33131

Title: VPD () Delete
Name: CADENA, GUSTAVO
Address: 1401 BRICKELL AVE. #340
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM N ROSS

PD

04/16/2004

Electronic Signature of Signing Officer or Director

Date