

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90220 043 ****61.25

DOCUMENT # N01000006818

1. Entity Name

THE COVENTRY HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**1401 BRICKELL AVENUE
SUITE 340
MIAMI FL 33131**

Mailing Address

**1401 BRICKELL AVENUE
SUITE 340
MIAMI FL 33131**

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
55-0198740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROBERT W. STEWART, P.A.
999 BRICKELL AVENUE
SUITE #1006
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **PENICHER, TERESA A**
STREET ADDRESS **1401 BRICKELL AVENUE #340**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PD** ☐ Delete
NAME **ROSS, WILLIAM N**
STREET ADDRESS **1401 BRICKELL AVENUE #340**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **TD** ☐ Delete
NAME **SENER, JOSEPH A**
STREET ADDRESS **1401 BRICKELL AVENUE #340**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME **Vice President/Director**
STREET ADDRESS **Gustavo Cadena**
CITY-ST-ZIP **1401 Brickell Ave #340**
MIAMI, FL. 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice President/Director**
STREET ADDRESS **Gustavo Caden**
CITY-ST-ZIP **1401 Brickell Ave #340**
MIAMI, FL. 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William N Ross

1/6/03

305 371 3500

CR2E037 (10/02)