
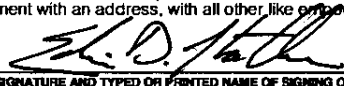


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90217 044 ****61.25

| | | | | | |
|--|--|---|--|---|---|
| DOCUMENT # N03000009351 | | | |  | |
| 1. Entity Name COVENTRY AT STRATFORD PLACE SECTION I CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business %PULTE HOME CORPORATION 9148 BONITA BEACH RD, STE 102 BONITA SPRINGS, FL 34135 | | | Mailing Address %PULTE HOME CORPORATION 9148 BONITA BEACH RD, STE 102 BONITA SPRINGS, FL 34135 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03302004 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 20-1036679 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STACKHOUSE, EDWIN D %PULTE HOME CORPORATION 9148 BONITA BEACH RD, STE 102 BONITA SPRINGS, FL 34135 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE PD | NAME STACKHOUSE, EDWIN D | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 9148 BONITA BEACH RD, STE 102 | CITY-ST-ZIP BONITA SPRINGS, FL 34135 | | | | |
| TITLE VD | NAME KEMPTON, JOHN STEVEN | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 9148 BONITA BEACH RD, STE 102 | CITY-ST-ZIP BONITA SPRINGS, FL 34135 | | | | |
| TITLE STD | NAME RAY, LAURA | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 9148 BONITA BEACH RD, STE 102 | CITY-ST-ZIP BONITA SPRINGS, FL 34135 | | | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: | |  | | 4.15.04 239.498.7711 | |
| EDWIN D. STACKHOUSE | | _____ | | _____ | |