

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90294 015 \*\*\*\*61.25

**DOCUMENT # N03000009351**

1. Entity Name  
**COVENTRY AT STRATFORD PLACE SECTION I  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O INTEGRATED PROPERTY MGMT.  
3435-10TH STREET N., # 201  
NAPLES, FL 34103**

Mailing Address  
**C/O INTEGRATED PROPERTY MGMT.  
3435-10TH STREET N., # 201  
NAPLES, FL 34103**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**20-1036676**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 **Shields, Christopher J.**

Street Address (P.O. Box Number is Not Acceptable)  
**1833 Hendry Street**

City **PO Drawer 1507**

**Ft. Myers, FL 33902 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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **PD**  
STREET ADDRESS **STACKHOUSE, EDWIN D**  
CITY-ST-ZIP **9148 BONITA BEACH RD, STE 102  
BONITA SPRINGS, FL 34135**

TITLE ☐ Change ☒ Addition  
NAME **DP**  
STREET ADDRESS **Cibley, Jerry**  
CITY-ST-ZIP **1440 Tiffany Lane #2803  
Naples, FL 34105**

TITLE ☒ Delete  
NAME **VD**  
STREET ADDRESS **KEMPTON, JOHN STEVEN**  
CITY-ST-ZIP **9148 BONITA BEACH RD, STE 102  
BONITA SPRINGS, FL 34135**

TITLE ☐ Change ☒ Addition  
NAME **DVS**  
STREET ADDRESS **Greenlee, Gary**  
CITY-ST-ZIP **1415 Tiffany Lane #1305  
Naples, FL 34105**

TITLE ☒ Delete  
NAME **STD**  
STREET ADDRESS **RAY, LAURA**  
CITY-ST-ZIP **9148 BONITA BEACH RD, STE 102  
BONITA SPRINGS, FL 34135**

TITLE ☐ Change ☒ Addition  
NAME **DVT**  
STREET ADDRESS **Wilburn, Branden**  
CITY-ST-ZIP **1455 Tiffany Lane #105  
Naples, FL 34105**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**BRANDEN WILBURN 4.26.06 239.287.0844**