

APR/17/2007/TUE 03:00 PM IPM

FAX No. 23

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90068 045 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009354					
1. Entity Name COVENTRY AT STRATFORD PLACE SECTION II 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1036707	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY ST P.O. DRAWER 1507 FORT MYERS, FL 33902			7. Name and Address of New Registered Agent Name <u>Sammons, Robert C.</u> Street Address (P.O. Box) <u>5405 Park Central Court</u> City <u>Naples, FL</u> <u>FL</u> Zip Code <u>34109</u>		
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 <u>[Signature]</u> DATE <u>4/19/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$61.25 Due by May 1, 2007		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	DP	☒ Delete	TITLE	DP	☐ Change ☒ Addition
NAME	BELL, RTHUR		NAME	Marshall, Eileen	
STREET ADDRESS	1405 TIFFANY LANE, #1407		STREET ADDRESS	1390 Tiffany Lane, #2302	
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	Naples, FL 34105	
TITLE	DVT	☒ Delete	TITLE	DVP	☐ Change ☒ Addition
NAME	SHADLE, DENNIS		NAME	Shadle, Dennis	
STREET ADDRESS	1365 HENLEY ST., #502		STREET ADDRESS	1365 Henley Street, #502	
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	Naples, FL 34105	
TITLE		☐ Delete	TITLE	DST	☐ Change ☒ Addition
NAME			NAME	O'Leary, Larry	
STREET ADDRESS			STREET ADDRESS	1375 Henley Street, #402	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34105	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Eileen Marshall</u> DATE: <u>4/23/07</u> DAYTIME PHONE: <u>239-2637344</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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