
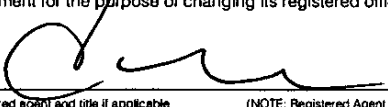
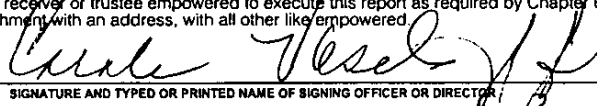


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

05-08-2006 90295 020 \*\*\*\*61.25

<b>DOCUMENT # N03000009360</b>					
1. Entity Name COVENTRY AT STRATFORD PLACE SECTION III 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	4. FEI Number 20-1036737	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STACKHOUSE, EDWIN D 9148 BONITA BCH RD., SUITE 102 BONITA SPRINGS, FL 34135			Name Shields, Christopher J.		
			Street Address (P.O. Box Number is Not Acceptable) 1833 Hendry Street		
			PO Drawer 1507		
			City Ft. Myers, FL 33902		FL
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 			DATE 4/15/06		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STACKHOUSE, EDWIN D		NAME	Vasiloff, Carole	
STREET ADDRESS	9148 BONITA BCH RD., SUITE 102		STREET ADDRESS	1345 Henley Street #708	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Naples, FL 34105	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	DVP/IT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMPTON, JOHN S		NAME	RASETA, Sandra	
STREET ADDRESS	9148 BONITA BCH RD., SUITE 102		STREET ADDRESS	1335 HENLEY STREET, #801	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	DVP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, LAURA		NAME	Henderson, John	
STREET ADDRESS	9148 BONITA BCH RD., SUITE 102		STREET ADDRESS	1335 Henley Street #807	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Naples, FL 34105	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			DATE 4/26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40087757



04052006 Chg-NP CR2E037 (11/05)