


FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90031 010 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N03000009360	
1. Entity Name COVENTRY AT STRATFORD PLACE SECTION III CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435 10RTH STREET N, # 201 NAPLES, FL 34103	Mailing Address C/O INTEGRATED PROPERTY MGMT 3435 10RTH STREET N, # 201 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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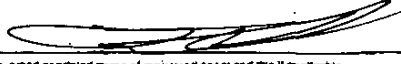
City & State	City & State	4. FEI Number 20-1036737	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



03282007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER 1833 HENDRY STREET FORT MYERS, FL 33902		7. Name and Address of New Registered Agent Name Samouce, Robert C. Street Address (P.O. Box Number is Not Acceptable) 5405 Park Central Court City Naples, FL FL Zip Code 34109	
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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 4/15/07

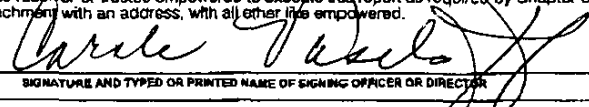
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$81.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VASILOFF, VASILOFF, CAROLE <input type="checkbox"/> Delete 1345 HENLEY STREET 708 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT RASETA, SANDRA <input type="checkbox"/> Delete 1335 HENLEY STREET 801 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HENDERSON, JOHN <input type="checkbox"/> Delete 1335 HENLEY STREET 807 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lists empowered.

SIGNATURE:  DATE 4/23/07 DAYTIME PHONE # 239-649-6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR