


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90253 033 \*\*\*\*61.25

**DOCUMENT # N03000009360**

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



40097242

Principal Place of Business      Mailing Address  
~~C/O INTEGRATED PROPERTY MGMT~~      ~~C/O INTEGRATED PROPERTY MGMT~~  
~~3435 NORTH STREET N, # 201~~      ~~3435 NORTH STREET N, # 201~~  
~~NAPLES, FL 34103~~      ~~NAPLES, FL 34103~~



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*C/O Resort Management*      *C/O Resort Management*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*2685 Horseshoe Dr.S.#215*      *2685 Horseshoe Dr.S.#215*  
 City & State      City & State  
*Naples, FL*      *Naples, FL*

04012008      Chg-NP      CR2E037 (12/06)

Zip      Country      Zip      Country  
*34104*      *Collier*      *34104*      *Collier*

4. FEI Number      Applied For  
 20-1036737      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~SAMOUCE, ROBERT C~~  
~~5405 PARK CENTRAL COURT~~  
~~NAPLES, FL 34109~~

7. Name and Address of New Registered Agent  
 Name *Carole Vasilloff*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1345 Henley Street # 708*  
 City *Naples*      FL      Zip Code *34105*

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 *Carole Vasilloff*      President      4-11-08  
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, 2008**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	VASILOFF, CAROLE	
STREET ADDRESS	1345 HENLEY STREET 708	
CITY - ST - ZIP	NAPLES, FL 34105	
TITLE	DVPT	<input checked="" type="checkbox"/> Delete
NAME	RASETA, SANDRA	
STREET ADDRESS	1335 HENLEY STREET 801	
CITY - ST - ZIP	NAPLES, FL 34105	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	HENDERSON, JOHN	
STREET ADDRESS	1335 HENLEY STREET 807	
CITY - ST - ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carole Vasilloff*      4-11-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Carole Vasilloff*      President