2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N03000009360

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

Current Principal Place of Business:

C/O RESORT MGMT.
2685 HORSESHOE DRIVE S. #215
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MGMT.
2685 HORSESHOE DRIVE S. #215
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-1036737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VASILOFF, CAROLE
1345 HENLEY ST #708
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: VASILOFF, CAROLE
Address: 1345 HENLEY STREET 708
City-St-Zip: NAPLES, FL 34105

Title: DVPS ( ) Delete
Name: HENDERSON, JOHN
Address: 1335 HENLEY STREET 807
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE VASILOFF P 04/15/2009

Electronic Signature of Signing Officer or Director Date