

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009371

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** COVENTRY AT STRATFORD PLACE RECREATION ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESORT MGMT.  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34101 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESORT MGMT.  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34101 US

**New Mailing Address:**

FEI Number: 20-1036654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRAFT, DEBORAH  
1365 HENLEY STREET  
NAPLES, FL 34105 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: DVS ( ) Delete  
Name: VASILOFF, CAROLE  
Address: 1345 HENLEY STREET #708  
City-St-Zip: NAPLES, FL 34105

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

Title: DP ( ) Delete  
Name: CRAFT, DEBORAH  
Address: 1365 HENLEY ST 506  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPS (X) Change ( ) Addition  
Name: VASILOFF, CAROLE  
Address: 1345 HENLEY STREET #708  
City-St-Zip: NAPLES, FL 34105

Title: VPT (X) Change ( ) Addition  
Name: HENDERSON, JOHN  
Address: 1335 HENLEY STREET #807  
City-St-Zip: NAPLES, FL 34105

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: DEBORAH CRAFT

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04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date