

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90022 049 ****61.25

DOCUMENT # N04565 1. Entity Name COVENTRY IN THE GROVE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O MIKE KAMINSKY LAWRENCE FELDMAN 21304 HARROW COURT 21310 BOCA RATON, FL 33433		Mailing Address C/O MIKE KAMINSKY LAWRENCE FELDMAN 21304 HARROW COURT 21310 BOCA RATON, FL 33433	
2. Principal Place of Business - No P.O. Box # 21 SE 5TH STREET Suite, Apt. #, etc. 100		3. Mailing Address 21 SE 5TH STREET Suite, Apt. #, etc. #100	
City & State BOCA RATON		City & State BOCA RATON	
Zip 33432		Zip 33432	
Country U.S.A.		Country USA	
4. FEI Number 59-2284034		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AKAM SOUTH, INC 551 N.W 77TH STREET SUITE 212 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name TERESA C KUSHO Street Address (P.O. Box Number is Not Acceptable) 21 SE 5TH STREET #100 City BOCA RATON FL Zip Code 33432	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 3/7/07	
Filing Fee is \$61.25 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME ZINMAN, BETTY STREET ADDRESS 21298 MARROW CT CITY-ST-ZIP BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME LEVINE, ANDREW STREET ADDRESS 28 ALPINE RD CITY-ST-ZIP GREENWICH, CT 06830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME FEIDELMAN, LARRY STREET ADDRESS 21310 MARROW CT CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME GROSSMAN, LEN STREET ADDRESS 21359 HARROW COURT CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete	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"/> Delete	TITLE D NAME MASAREK, SHEPPARD STREET ADDRESS 21213 HARROW CT CITY-ST-ZIP BOCA RATON FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE D NAME BRAYNE, LUIS STREET ADDRESS 21370 HARROW CT CITY-ST-ZIP BOCA RATON FL 33433	<input type="checkbox"/> Change <input checked="" 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 like empowered.			
SIGNATURE:		DATE: 3-8-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANDREW LEVINE, VICE PRES.		Daytime Phone #	