


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90187 040 ****61.25

DOCUMENT # N05000003403	
1. Entity Name COVENTRY AT STRATFORD PLACE SECTION IV CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O INTEGRATED PROPERTY MGMT. 3435 10TH ST NORTH SUITE 201 NAPLES, FL 34103	Mailing Address C/O INTEGRATED PROPERTY MGMT. 3435 10TH ST NORTH SUITE 201 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box # <i>c/o Resort Management</i> <i>2685 Horseshoe Dr. S #215</i> <i>Naples, FL</i>	3. Mailing Address <i>c/o Resort Management</i> <i>2685 Horseshoe Dr. S #215</i> <i>Naples, FL</i>
City & State <i>Naples, FL</i>	City & State <i>Naples, FL</i>
Zip <i>34104</i>	Country <i>Collier</i>

04032008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1578709	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 SAMOUCE, ROBERT C 5405 PARK CENTRAL COURT NAPLES, FL 34109	
7. Name and Address of New Registered Agent Name <i>Thomas McBride</i> Street Address (P.O. Box Number is Not Acceptable) <i>13 High Point Circle #304</i> City <i>Naples</i> FL Zip Code <i>34103</i>	

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 *Thomas McBride Treas.* 4/10/08
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. <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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CULOTTA, BRUCE 2803 WHITEHALL LN NAPERVILLE, IL 60564 <input checked="" 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	DV RICHARDS, THOMAS 1310 HANLEY ST SUITE 1906 NAPLES, FL 34105 <input checked="" 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	PD RICHARDS, THOMAS 1310 HENLEY STREET #1906 NAPLES, FL 34105 <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	VD BURDETTE, DEAN 1315 HENLEY STREET #1007 NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>VP Burdette, Wesley D.</i> <i>1315 Henley Street #1007</i> <i>Naples, FL 34105</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CULOTTA, BRUCE 2803 WHITEHALL LANE NAPERVILLE, IL 60564 <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 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 like empowered.

SIGNATURE: *Thomas McBride* 4/10/08
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Treasurer