

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003403

FILED  
Jan 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE, SUITE #215  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE, SUITE #215  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 20-1578709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCBRIDE, THOMAS  
13 HIGH POINT CIRCLE  
SUITE #304  
NAPLES, FL 34103 US

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

RICHARDS, THOMAS  
1310 HENLEY STREET  
#1906  
NAPLES, FL 34105 US

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: THOMAS RICHARDS

01/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RICHARDS, THOMAS  
Address: 1310 HENLEY STREET #1906  
City-St-Zip: NAPLES, FL 34105

Title: VP ( ) Delete  
Name: BURDETTE, WESLEY D  
Address: 1315 HENLEY STREET, SUITE #1007  
City-St-Zip: NAPLES, FL 34105

Title: DST ( ) Delete  
Name: CULOTTA, BRUCE  
Address: 2803 WHITEHALL LANE  
City-St-Zip: NAPERVILLE, IL 60564

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

Title: DP (X) Change ( ) Addition  
Name: RICHARDS, THOMAS  
Address: 1310 HENLEY STREET #1906  
City-St-Zip: NAPLES, FL 34105

Title: DVP (X) Change ( ) Addition  
Name: BURDETTE, WESLEY  
Address: 1315 HENLEY STREET, SUITE #1007  
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: THOMAS RICHARDS

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date