

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004256

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** COVENT GARDEN AT TWINEAGLES SECTION I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INTEGRATED PROPERTY MGMT.  
3435 10TH STREET N. #201  
NAPLES, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

C/O INTEGRATED PROPERTY MGMT.  
3435 10TH STREET N. #201  
NAPLES, FL 33928

**New Mailing Address:**

**FEI Number:** 20-5799114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C/O INTEGRATED PROPERTY MGMT.  
3435 10TH STREET #201  
NAPLES, FL 34103 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: BROOKS, SCOTT  
Address: %PULTE HOME-9240 ESTERO PARK COM. BLVD  
City-St-Zip: ESTERO, FL 33928

Title: DV ( ) Delete  
Name: MCCORMICK, RICHARD  
Address: 9240 ESTERO PARK COMMONS BLVD.  
City-St-Zip: ESTERO, FL 33928

Title: STD ( ) Delete  
Name: RAY, LAURA  
Address: 9240 ESTERO PARK COMMONS BLVD.  
City-St-Zip: ESTERO, FL 33928

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

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

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: SCOTT BROOKS

DP

01/29/2009

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

\_\_\_\_\_  
Date