


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90028 020 \*\*\*\*61.25

<b>DOCUMENT # N06000004259</b> 1. Entity Name <b>COVENT GARDEN AT TWINEAGLES SECTION III CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>% PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928</b>			Mailing Address <b>% PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928</b>		
2. Principal Place of Business - No P.O. Box # <b>C/O Intergrated Property Mgmt.</b>		3. Mailing Address <b>C/O Intergrated Property Mgmt.</b>			
Suite, Apt. #, etc. <b>3435 10th Street N. #201</b>		Suite, Apt. #, etc. <b>3435 10th Street N. #201</b>			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>20-5733095</b>	
Zip <b>34103</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STACKHOUSE, EDWIN D % PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928</b>			7. Name and Address of New Registered Agent Name <b>C/O Intergrated Property Mgmt.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3435 10th Street N. #201</b> City <b>Naples, FL 34103 FL</b> Zip Code		
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 <u><i>J Murphy</i></u> <u><i>J Murphy</i></u> <u><i>3/20/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>STACKHOUSE, EDWIN D</b> <b>9240 ESTERO PARK COMMONS BLVD.</b> <b>ESTERO, FL 33928</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>Brooks, Scott</b> <b>% Pulte Home- 9240 Estero Park Com. Blvd.</b> <b>Estero, FL 33928</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>MCCORMICK, RICHARD</b> <b>9240 ESTERO PARK COMMONS BLVD.</b> <b>ESTERO, FL 33928</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <b>Henry, Ruth</b> <b>9240 Estero Park Commons Blvd.</b> <b>Estero, FL 33928</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <b>RAY, LAURA</b> <b>9240 ESTERO PARK COMMONS BLVD.</b> <b>ESTERO, FL 33928</b>	<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		<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
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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>3.24.08</i></u> <small>Date Daytime Phone #</small>		