

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009599

FILED
Apr 30, 2009
Secretary of State

Entity Name: COVENTRY TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business:

6363 N.W. 6TH WAY, SUITE 250
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC
5400 S UNIVERSITY DRIVE, SUITE 101
DAVIE, FL 33328

Current Mailing Address:

6363 N.W. 6TH WAY, SUITE 250
FT. LAUDERDALE, FL 33309

New Mailing Address:

C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC
5400 S UNIVERSITY DRIVE, SUITE 101
DAVIE, FL 33328

FEI Number: 20-8898711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELLEY, ROBERT
6363 N.W. 6TH WAY, SUITE 250
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

PROGRESSIVE MANAGEMENT ASSOCIATES, INC.
5400 S UNIVERSITY DRIVE
SUITE 101
DAVIE, FL 33328 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: JONATHAN LOUIS

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHELLEY, ROBERT
Address: 6363 NW 6TH WAY, #250
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: DV () Delete
Name: SHORT, JACK
Address: 6363 NW 6TH WAY, #250
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: DVST () Delete
Name: SHELLEY, JASON
Address: 6363 NW 6TH WAY, #250
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SHELLEY, ROBERT
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: DV (X) Change () Addition
Name: SHORT, JACK
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: DVST (X) Change () Addition
Name: SHELLEY, JASON
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

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: JONATHAN LOUIS

MGR

04/30/2009

Electronic Signature of Signing Officer or Director

Date