

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90077 006 \*\*\*\*61.25

20011130



02282005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N10741</b> 1. Entity Name <b>COVENTRY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1700 BOLTON ABBEY DRIVE</b> <b>JACKSONVILLE, FL 32223 US</b>			Mailing Address <b>1700 BOLTON ABBEY DRIVE</b> <b>JACKSONVILLE, FL 32223 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2761556</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TOBIAS, HUGH</b> <b>14248 MIDDLEHAM LANE</b> <b>JACKSONVILLE, FL 32223</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</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</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEBORAH, CARVEL</b> <b>1771 BOLTON ABBEY DRIVE</b> <b>JACKSONVILLE, FL 32223</b> <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	<b>V</b> <b>FAULK, DAVID</b> <b>1825 GRASSINGTON WAY NORTH</b> <b>JACKSONVILLE, FL 32223</b> <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	<b>S</b> <b>MOON, DANIEL L</b> <b>1825 GRASSINGTON WAY NORTH</b> <b>JACKSONVILLE, FL 32223</b> <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	<b>T</b> <b>TOBIAS, HUGH</b> <b>14248 MIDDLEHAM LANE</b> <b>JACKSONVILLE, FL 32223</b> <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	<b>D</b> <b>SALEM, FRED</b> <b>1789 BOLTON ABBEY DRIVE</b> <b>JACKSONVILLE, FL 32223</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCIA STRAUB</b> <b>1813 GRASSINGTON WAY NORTH</b> <b>JACKSONVILLE, FL 32223</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAFFER, LESLEY</b> <b>1777 BOLTON ABBEY DRIVE</b> <b>JACKSONVILLE, FL 32223</b> <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 exemption stated in Section 119.07(3)(i), 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> <i>Hugh Tobias</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>HUGH TOBIAS, TREASURER</b>		<b>02/28/2005</b> <b>904-292-2607</b> <small>Date Daytime Phone #</small>	

ATTACHMENT  
20077745  
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DOCUMENT # N10741

Block 11: Additions/Changes to Officers and Directors in 10.

Title:	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name:	David Wainscott		
Street Address:	1764 Bolton Abbey Drive		
City-St-Zip:	Jacksonville, FL 32223		