

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90389 040 ****61.25

DOCUMENT # N10741

1. Entity Name
COVENTRY OWNERS ASSOCIATION, INC.



Principal Place of Business
**1700 BOLTON ABBEY DRIVE
JACKSONVILLE, FL 32223 US**

Mailing Address
**1700 BOLTON ABBEY DRIVE
JACKSONVILLE, FL 32223 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012006 Chg-NP CR2E037 (11/05)



4. FEI Number
59-2761556

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOBIAS, HUGH
14248 MIDDLEHAM LANE
JACKSONVILLE, FL 32223**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **DEBORAH, CARVEL**
STREET ADDRESS **1771 BOLTON ABBEY DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **P** ☒ Change ☐ Addition
NAME **CARVEL, DEBORAH**
STREET ADDRESS **1771 BOLTON ABBEY DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **V** ☒ Delete
NAME **FAULK, DAVID**
STREET ADDRESS **1825 GRASSINGTON WAY NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **V** ☒ Change ☐ Addition
NAME **SHAFFER, LESLEY**
STREET ADDRESS **1777 BOLTON ABBEY DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **S** ☒ Delete
NAME **MOON, DANIEL L**
STREET ADDRESS **1825 GRASSINGTON WAY NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **S** ☒ Change ☐ Addition
NAME **STRAUB, MARCIA**
STREET ADDRESS **1813 GRASSINGTON WAY NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **T** ☐ Delete
NAME **TOBIAS, HUGH**
STREET ADDRESS **14248 MIDDLEHAM LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **STRAUB, MARCIA**
STREET ADDRESS **1813 GRASSINGTON WAY NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **D** ☒ Change ☐ Addition
NAME **WAINSCOTT, DAVID**
STREET ADDRESS **1764 BOLTON ABBEY DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **D** ☒ Delete
NAME **SHAFFER, LESLEY**
STREET ADDRESS **1777 BOLTON ABBEY DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **D** ☒ Change ☐ Addition
NAME **RAZAVIPOUR, PEYMAN**
STREET ADDRESS **1776 BOLTON ABBEY DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

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.

SIGNATURE:

Hugh Tobias

HUGH TOBIAS, TREASURER

04/01/2006

904-292-2607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment 60023485

2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N10741

BLOCK 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

| | | | |
|----------------|------------------------|---------------------------------|----------------------------------------------|
| TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | GEDDINGS, GERALD | | |
| STREET ADDRESS | 14264 HAWKSMORE LANE | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | | |

| | | | |
|----------------|----------------------------|---------------------------------|----------------------------------------------|
| TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | MACKOUL, DOROTHY | | |
| STREET ADDRESS | 1832 GRASSINGTON WAY NORTH | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | | |

| | | | |
|----------------|-------------------------|---------------------------------|----------------------------------------------|
| TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | RAMSEY, MIKE | | |
| STREET ADDRESS | 1770 BOLTON ABBEY DRIVE | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | | |