## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10741

FILED Apr 07, 2009 Secretary of State

Entity Name: COVENTRY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1700 BOLTON ABBEY DRIVE JACKSONVILLE, FL 32223 **Current Mailing Address: New Mailing Address:** 1700 BOLTON ABBEY DRIVE JACKSONVILLE, FL 32223 US FEI Number: 59-2761556 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAPECE, LAURIE 1788 BOLTON ABBEY DRIVE JACKSONVILLE, FL 32223 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WILSON, JAMES E HULSHULT, GERALD E Name: Name: 1829 BOLTON ABBEY DRIVE Address: 1785 LEYBURN COURT Address: City-St-Zip: JACKSONVILLE, FL 32223 US City-St-Zip: JACKSONVILLE, FL 32223 US (X) Change ( ) Addition Title: () Delete Title: GEDDINGS, GERRY Name: IGNARSKI, DANIEL Name: Address: 14264 HAWKSMORE LANE Address: 1795 GRASSINGTON WAY SOUTH City-St-Zip: JACKSONVILLE, FL 32223 US City-St-Zip: JACKSONVILLE, FL 32223 US Title: () Delete Title: (X) Change ( ) Addition PARSON, GAIL PARSON, GINA Name: Name: 1777 BOLTON ABBEY DRIVE 1777 BOLTON ABBEY DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 US City-St-Zip: JACKSONVILLE, FL 32223 US Title: () Delete Title: () Change () Addition Name: CAPECE, LAURIE Name: 1788 BOLTON ABBEY DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ALONSO, GILBERT WATSON, BONNIE Name: Name: 1735 BOLTON ABBEY DRIVE 1820 GRASSINGTON WAY NORTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 US City-St-Zip: JACKSONVILLE, FL 32223 US Title: () Delete Title: () Change () Addition WALTON, ERNIE Name: Name: Address: 14277 HAWKSMORE LANE Address: JACKSONVILLE, FL 32223 US City-St-Zip: 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: LAURIE CAPECE T 04/07/2009