

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33651** (3)

1. Corporation Name

COVENTRY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY.
BOCA RATON FL 33487

C/O COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY.
BOCA RATON FL 33487

3. Date Incorporated or Qualified

08/09/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0321113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MESSINGER, JOEL
C/O COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND BLVD., #250
BOCA RATON FL 33487**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCQUEEN, RON
STREET ADDRESS 4200 NW 92ND TER.
CITY-ST-ZIP CORAL SPRINGS FL ☒ DELETE

1.1 TITLE PD
1.2 NAME Ray Vians
1.3 STREET ADDRESS 9158 NW 41st MANOR
1.4 CITY-ST-ZIP Coral Springs, FL 33065 ☒ Change ☐ Addition

TITLE VD
NAME DEDERICH, VALARIE
STREET ADDRESS 9115 NW 41ST MANOR
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME BENT, MICAH
STREET ADDRESS 9199 NW 43RD CT.
CITY-ST-ZIP CORAL SPRINGS FL ☒ DELETE

3.1 TITLE SD
3.2 NAME Valeria Diederich
3.3 STREET ADDRESS 9115 NW 41st MANOR
3.4 CITY-ST-ZIP Coral Springs, FL 33065 ☒ Change ☐ Addition

TITLE TD
NAME ARGENT, DAVID
STREET ADDRESS 9103 NW 43RD CT.
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PAUCHEY, JACQUES
STREET ADDRESS 9110 NW 43RD CT.
CITY-ST-ZIP CORAL SPRINGS FL ☒ DELETE

5.1 TITLE D
5.2 NAME Hugo Benderasky
5.3 STREET ADDRESS 9245 NW 41st MANOR
5.4 CITY-ST-ZIP Coral Springs, FL 33065 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ray Vians

(Ray Vians)

4-20-96

904-1728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)