

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90469 036 \*\*\*\*61.25

**DOCUMENT # N33651**

1. Entity Name

COVENTRY ASSOCIATION, INC.



Principal Place of Business

3200 N. UNIVERSITY DRIVE  
SUITE 210  
CORAL SPRINGS FL 33065

Mailing Address

PO BOX 8726  
CORAL SPRINGS FL 33075

2. Principal Place of Business

953 University Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Springs Florida

City & State

Zip

Country

33071

Broward

Country

4. FEI Number

65-0321113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITTLE, JOHN C  
953 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE: DP  
NAME: SICILIA, LUCI  
STREET ADDRESS: 4110 N.W. 92 TERRACE  
CITY-ST-ZIP: CORAL SPRINGS FL 33065 ☐ Delete

TITLE: D  
NAME: ARGENT, DAVID  
STREET ADDRESS: 9103 N.W. 43 COURT  
CITY-ST-ZIP: CORAL SPRINGS FL 33065 ☐ Delete

TITLE: DS  
NAME: BERGEL, ALEXANDER  
STREET ADDRESS: 9188 N.W. 44 COURT  
CITY-ST-ZIP: CORAL SPRINGS FL 33065 ☐ Delete

TITLE: DT  
NAME: WILSON, CHARLES  
STREET ADDRESS: 9201 N.W. 44 COURT  
CITY-ST-ZIP: CORAL SPRINGS FL 33065 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
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CITY-ST-ZIP: ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-346-0677