2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N33651

Entity Name: COVENTRY ASSOCIATION, INC.

Current Principal Place of Business:

953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

PO BOX 8726
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 65-0321113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITTLE, JOHN C
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

Title: DP (X) Delete
Name: SIMON, BRAD
Address: 9163 NW 41ST MANNOR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DT ( ) Delete
Name: ARGENT, DAVID
Address: 9103 N.W. 43 COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DT ( ) Delete
Name: BERGEL, ALEXANDER
Address: 9188 N.W. 44 COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DS ( ) Delete
Name: MACEDO, CAROLYN
Address: 9190 NW 42ND COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DV ( ) Delete
Name: HELLMER, VIVIAN
Address: 9151 NW 42ND COURT
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ARGENT, DAVID
Address: 9103 N.W. 43 COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: MACEDO, CAROLYN
Address: 9190 NW 42ND COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition
Name:
Address:
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: CAROLYN MACEDO PD 05/06/2009

Electronic Signature of Signing Officer or Director — Date