

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35697

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** COVENTRY AT CRESCENT OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

STERLING MANAGEMENT SERVICES  
2870 SCHERER DRIVE N., SUITE 100  
SAINT PETERSBURG, FL 33716 US

**New Principal Place of Business:**

THE CONTINENTAL GROUP, INC.  
2870 SCHERER DRIVE N., SUITE 100  
SAINT PETERSBURG, FL 33716 US

**Current Mailing Address:**

STERLING MANAGEMENT SERVICES  
2870 SCHERER DRIVE N., SUITE 100  
SAINT PETERSBURG, FL 33716 US

**New Mailing Address:**

THE CONTINENTAL GROUP, INC.  
2870 SCHERER DRIVE N., SUITE 100  
SAINT PETERSBURG, FL 33716 US

**FEI Number:** 59-3007646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUDNY, MICHAEL  
200 N. PINE AVE  
SUITE A  
OLDSMAR, FL 34677 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: P  
Name: WEINER, HENRY  
Address: 1186 LINDENWOOD DR  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: T  
Name: BLOCK, ARNOLD  
Address: 1325 LINDENWOOD DR  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: S  
Name: SHAHINE, GEORGE  
Address: 1169 LINDENWOOD DR.  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VP  
Name: BUTCHER, RON  
Address: 1195 LINDENWOOD DR  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D  
Name: CASSISSI, GAETANO  
Address: 1133 DARTFORD DR  
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby 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 all other like empowered.

SIGNATURE: COLEEN VERDON

LCAM

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date