2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N46780

Entity Name: COVENTRY PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4623 OSSABAW WAY
NAPLES, FL 34119 US

New Principal Place of Business:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

P.O. BOX 2613
BONITA SPRINGS, FL 34133

New Mailing Address:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0393372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRUNCK, WILLIAM L
4623 OSSABAW WAY
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

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: RALPH L. WEIDNER 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: ROSS, HAMILTON
Address: 25340 GOLDCREST DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: RUSSIAN, STEPHEN
Address: 25330 GOLDCREST DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD ( ) Delete
Name: LIVERSIDGE, PAMELA
Address: 25290 GOLDCREST DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: BRIGGS, DANA
Address: 25310 GOLDCREST DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

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

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

Title: SD ( ) Change (X) Addition
Name: BRIGGS, BARBARA
Address: 25310 GOLDCREST DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

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: PAMELA LIVERSIDGE PRES 04/29/2009
Electronic Signature of Signing Officer or Director Date