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 # **N94000000863 (0)**

1. Corporation Name

THE VILLAS AT COVENTRY VILLAGE HOMEOWNERS' ASSOC IATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1191 OLDSMAR FL 34677	P.O. BOX 1191 OLDSMAR FL 34677

3. Date Incorporated or Qualified: **02/17/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-3233529** ☐ 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

9. **Name and Address of Current Registered Agent**

WICKY, JERRY
221 LAFAYETTE BLVD.
OLDSMAR FL 34677

10. **Name and Address of New Registered Agent**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	P/D	☐ Change ☑ Addition
NAME	WICKY, JERRY		1.2 NAME	William Myregaard	
STREET ADDRESS	221 LAFAYETTE BLVD.		1.3 STREET ADDRESS	4472 Connery Ct.	
CITY-ST-ZIP	OLDSMAR FL 34677		1.4 CITY-ST-ZIP	Palm Harbor, Fl. 34685	
TITLE	T	☑ DELETE	2.1 TITLE	VPD	☐ Change ☑ Addition
NAME	BERGER, ANDY		2.2 NAME	Mike Greven	
STREET ADDRESS	107 DUNBAR AVE SUITE 1		2.3 STREET ADDRESS	5772 Yorkshire Lane	
CITY-ST-ZIP	OLDSMAR FL 34677		2.4 CITY-ST-ZIP	Palm Harbor, Fl. 34685	
TITLE	D	☑ DELETE	3.1 TITLE	TD	☐ Change ☑ Addition
NAME	HIDALGO, GAIL		3.2 NAME	Arnold Molish	
STREET ADDRESS	107 DUNBAR AVE SUITE 1		3.3 STREET ADDRESS	4479 Connery Ct.	
CITY-ST-ZIP	OLDSMAR FL 34677		3.4 CITY-ST-ZIP	Palm Harbor, Fl. 34685	
TITLE		☐ DELETE	4.1 TITLE	SD	☐ Change ☑ Addition
NAME			4.2 NAME	John Jelm	
STREET ADDRESS			4.3 STREET ADDRESS	4483 Connery Ct.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Palm Harbor, Fl. 34685	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME			5.2 NAME	Harry Bird	
STREET ADDRESS			5.3 STREET ADDRESS	4474 Connery Ct.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Palm Harbor, Fl. 34685	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Arnold Molish / Tr. X _____ 2-20-96 813-781-3360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #