FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 30 1998 8:00am
Secretary of State

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

4. FEI Number: 59-3233529 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 552 MAIN ST	26 552 MAIN ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SAFETY HARBOR, FL	City & State 28 SAFETY HARBOR, FL
Zip 24 34695 Country 25	Zip 29 34695 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WICKY, JERRY 221 LAFAYETTE BLVD. OLDSMAR FL 34677	81 Name: L. THOMAS PEARCE 82 Street Address (P.O. Box Number is Not Acceptable): 552 MAIN ST 83 84 City: SAFETY HARBOR FL 85 Zip Code: 34695

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: [signature] L. THOMAS PEARCE 1-8-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LOCASCIO, BARBARA		1.2 NAME	CHARYL VLASBLOM	
STREET ADDRESS	4505 CONNERY CT		1.3 STREET ADDRESS	4409 CONNERY CT	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	DALM HARBOR, FL 34685	
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HABECKER, ERNEST		2.2 NAME		
STREET ADDRESS	4479 CONNERY CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MOLISH, ARNOLD		3.2 NAME	GERALDINE KIRCHNER	
STREET ADDRESS	4477 CONNERY COURT		3.3 STREET ADDRESS	4465 CONNERY COURT	
CITY-ST-ZIP	PALM HARBOR FL		3.4. CITY-ST-ZIP	DALM HARBOR, FL 34685	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	JELM, JOHN		4. 2 NAME	SANDY LARSON	
STREET ADDRESS	4483 CONNERY COURT		4.3 STREET ADDRESS	4511 CONNERY CT.	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	DALM HARBOR, FLORIDA 34685	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BIRD, HARRY		5.2 NAME		
STREET ADDRESS	4474 CONNERY COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP		
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 (10/97)

14. 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 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: [signature] PRESIDENT Charyl L. Vlasblom 1/16/98