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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90143 023 ****61.25

DOCUMENT # N94000000863

1. Corporation Name

VILLAS AT COVENTRY VILLAGE HOMEOWNERS ASSOCIATION

Principal Place of Business	Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 2753 STATE ROAD 580	26 2753 STATE ROAD 580	02/17/94
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number ☐ Applied For ☐ Not Applicable
22 #207	27 #207	59-3233529
City & State	City & State	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
23 CLEARWATER FL	28 CLEARWATER FL	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 33761 25	29 33761 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: MAUREEN C. REARDON
	82 Street Address (P.O. Box Number is Not Acceptable): 2753 STATE ROAD 580 #207
	83
	84 City: CLEARWATER FL 85 Zip Code: 33761

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 Maureen C Reardon 1-26-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D VLASBLOM, CHARYL 4409 CONNERY COURT PALM HARBOR FL 34685	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/D LARSON, SANDY 4511 CONNERY COURT PALM HARBOR FL 34685	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T/D KIRCHNER, GERRY 4465 CONNERY COURT PALM HARBOR FL 34685	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Cheryl Vlasblom Cheryl Vlasblom 1/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #