2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 AM
Secretary of State

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Entity Name: THE VILLAS AT COVENTRY VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2753 STATE ROAD 580
#207
CLEARWATER, FL 33761 US

New Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Current Mailing Address:

2753 STATE ROAD 580
#207
CLEARWATER, FL 33761 US

New Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

FEI Number: 59-3233529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
2753 STATE ROAD 580 #207
CLEARWATER, FL 33761

Name and Address of New Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

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: MAUREEN C. REARDON 04/08/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VLASBLOM, CHARYL
Address: 4409 CONNERY CT
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: ROSEN, SHIRL
Address: 5775 YORKSHIRE
City-St-Zip: PALM HARBOR, FL 34685

Title: TD ( ) Delete
Name: IMPERIALE, STEVE
Address: 4467 CONNERY CT
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARYL VLASBLOOM PD 04/08/2002
Electronic Signature of Signing Officer or Director Date