# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2007**
**Secretary of State**

DOCUMENT# N94000000863

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

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

**New Mailing Address:**

**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
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete
Name: ECKBER, EDITH
Address: 5743 YORKSHIRE LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: PD ( ) Delete
Name: TROWBRIDGE, DOUG
Address: 5774 YORKSHIRE LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: TD ( ) Delete
Name: ALTER, NILES
Address: 4511 CONNERY CT
City-St-Zip: PALM HARBOR, FL 34685

Title: SD ( ) Delete
Name: SIMON, RONA
Address: 4405 CONNERY COURT
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: KENDRICK, BETTY
Address: 5756 YORKSHIRE LANE
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: ECKBER, EDITH
Address: 5743 YORKSHIRE LANE
City-St-Zip: PALM HARBOR, FL 34685

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

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

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

Title: VPD (X) Change ( ) Addition
Name: KENDRICK, BETTY
Address: 5756 YORKSHIRE LANE
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUG TROWBRIDGE PD 04/11/2007

Electronic Signature of Signing Officer or Director — Date