

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000863

FILED  
Mar 05, 2008  
Secretary of State

**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: D ( ) 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: VPD ( ) 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: GOLDSTEIN, BRUCE  
Address: 5758 YORKSHIRE LANE  
City-St-Zip: PALM HARBOR, FL 34685

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

Title: TD (X) Change ( ) Addition  
Name: HEIDEMANN, TERI  
Address: 4505 CONNERY CT  
City-St-Zip: PALM HARBOR, FL 34685

Title: SD (X) Change ( ) Addition  
Name: LOPEZ, EMMA  
Address: 4509 CONNERY COURT  
City-St-Zip: PALM HARBOR, FL 34685

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

03/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date