

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000863

FILED
Jan 19, 2009
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: GOLDSTEIN, BRUCE
Address: 5758 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: HEIDEMANN, TERI
Address: 4505 CONNERY CT
City-St-Zip: PALM HARBOR, FL 34685

Title: SD () Delete
Name: LOPEZ, EMMA
Address: 4509 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: ORTEGA, HECTOR
Address: 4409 CONNERY CT.
City-St-Zip: PALM HARBOR, FL 34685

Title: PD (X) Change () Addition
Name: CONSTANTINE, SHELLY
Address: 4423 CONNERY CT.
City-St-Zip: PALM HARBOR, FL 34685

Title: TD (X) Change () Addition
Name: CONSTANTINE, DAVID
Address: 4423 CONNERY CT
City-St-Zip: PALM HARBOR, FL 34685

Title: SD (X) Change () Addition
Name: WATSON, CYNTHIA
Address: 4407 CONNERY COURT
City-St-Zip: PALM HARBOR, FL 34685

Title: VPD (X) Change () Addition
Name: HEIDEMANN, MIKE
Address: 4505 CONNERT COURT
City-St-Zip: PALM HARBOR, FL 34685

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: SHELLY CONSTANTINE

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date