## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 02, 2007 8:00 am Secretary of State DOCUMENT # N94000003295 04-02-2007 90073 026 \*\*\*\*61.25 COVENTRY ISLAND PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address **333 17TH STREET** 333 17TH STREET ZUUU0ZU1 SUITE 2L SUITE 2L VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012007 Chq-NP CR2E037 (12/06) 4. FEI Number 65-0556068 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCKINNON, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 5070 N HWY A1A SUITE 200 VERO BEACH, FL 32963 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DT ☐ Delete TITLE ☐ Change Addition TITLE CHAPMAN, RICHARD NAME NAME STREET ADDRESS 333 17TH STREET SUITE 2L STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP DVP Addition X Delete TITLE ☐ Change TITLE Frazer, Robert 33317 B street, Suite 2L GAMMINO, JOHN NAME NAME 333 17TH STREET SUITE 2L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-7IP Vero Beach, fl 32960 TITLE Delete TITLE Change ■ Addition CHRISTIAN, BETTY NAME NAME STREET ADORESS STREET ADDRESS 333 17TH STREET SUITE 2L CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP TITLE ☐ Change Detete M Addition TITLE NAME PEARSE, SALLY NAME STREET ADDRESS 333 17TH STREET SUITE 2L STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP TITLE Delete ☐ Change Addition 🛣 Beidle, Raymond 333 172 street, suite al BARTLETT, BOB STREET ADDRESS 333 17TH STREET SUITE 2L STREET ADORESS CITY-ST-7IP VERO BEACH, FL 32960 CITY-ST-ZIP VERO BEACH, FL 32960 ☐ Change IIILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST 7IP. 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport in 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 true employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**