

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90026 034 \*\*\*\*\*70.00

|                                                          |                                                                                   |                                                                                                          |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N94000005583**

1. Corporation Name

**COVENTRY AT WOODFIELD COUNTRY CLUB, INC.**

Principal Place of Business

**3600 CLUB PL  
BOCA RATON FL 33496**

Mailing Address

**3600 CLUB PL  
BOCA RATON FL 33496**



|                                |                     |                                                                                                            |
|--------------------------------|---------------------|------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified                                                                          |
| <b>21</b>                      | <b>26</b>           | <b>11/14/1994</b>                                                                                          |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number                                                                                              |
| <b>22</b>                      | <b>27</b>           | <b>65-0551792</b>                                                                                          |
| City & State                   | City & State        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| <b>23</b>                      | <b>28</b>           | 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                 |
| Zip                            | Country             | Trust Fund Contribution                                                                                    |
| <b>24</b>                      | <b>25</b>           | <b>29</b>                                                                                                  |
| <b>30</b>                      |                     |                                                                                                            |

9. Name and Address of Current Registered Agent

**CSAPO, JOHN C  
3600 CLUB PL  
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>DP</b> <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JULIEN, ROBERT</b>                      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>3600 CLUB PL</b>                        | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33496</b>                 | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>DVS</b> <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CSAPO, JOHN C</b>                       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>3600 CLUB PL</b>                        | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33496</b>                 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>DVT</b> <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JAYME GELFAND</b>                       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>3600 CLUB PLACE</b>                     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>                       | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                            | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                            | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                            | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                            | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                            | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                            | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                            | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                            | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                            | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**1/27/99**

Date

**(561)-750-8800**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)