

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90032 025 ****70.00



DOCUMENT # N94000005583
1. Entity Name
COVENTRY AT WOODFIELD COUNTRY CLUB, INC.

Principal Place of Business Mailing Address
LANG MGT CO **LANG MGT CO**
21045 COMMERCIAL TRAIL **21045 COMMERCIAL TRAIL**
BOCA RATON FL 33486 **BOCA RATON FL 33486**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number Applied For
65-0551792 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ISSACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 reappointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAMINSKY, MITCHELL	
STREET ADDRESS	3801 COVENTRY LN	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LISSAUER, JOANNE	
STREET ADDRESS	3798 COVENTRY LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEADE, MINDY	
STREET ADDRESS	3772 COVENTRY LN	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, BEN	
STREET ADDRESS	3811 COVENTRY LN	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	P	<input type="checkbox"/> Delete
NAME	SILVERMAN, HOWARD	
STREET ADDRESS	3805 NW 65TH LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDEL, SAM	
STREET ADDRESS	3789 COVENTRY LN	
CITY-ST-ZIP	BOCA RATON FL 33496	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mindy Meade*