

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90028 043 ****61.25

DOCUMENT # N95000000444

1. Entity Name
COVENTRY ESTATES HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
1200 COVENTRY CIRCLE
MELBOURNE, FL 32904

Mailing Address
1200 COVENTRY CIRCLE
MELBOURNE, FL 32904

40000336



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent:

CAPPIELLO, JOHN
1308 COVENTRY CIRCLE
MELBOURNE, FL 32904

deceased

*Burr, Richard
1365 YORK CIRCLE
MELBOURNE, FL 32904*

**DO NOT WRITE
IN THIS SPACE**

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

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

Richard Burr
(NOTE: Registered Agent signature required when reinstating)

1-19-05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME BURR, RICHARD
STREET ADDRESS 1365 YORK CIRCLE
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE D
NAME DAVIS, DEBRA
STREET ADDRESS 1328 COVENTRY CIR
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE D
NAME GILL, JEFF.
STREET ADDRESS 1295 COVENTRY CIR
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE VP
NAME PATERNO, DAVID
STREET ADDRESS 1266 YORK CIRCLE
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE DT
NAME CAPPIELLO, JOHN
STREET ADDRESS 1308 COVENTRY CIR
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

deceased

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

Richard Burr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05
Date

321-729-8183
Daytime Phone #