

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90101 013 ***158.75

DOCUMENT # P03000111558 1. Entity Name COVENTRY ESTATES HOMEOWNERS, INC.			
Principal Place of Business 20764 WEST DIXIE HIGHWAY AVENTURA, FL 33180-1146 US		Mailing Address 20764 WEST DIXIE HIGHWAY AVENTURA, FL 33180-1146 US	
2. Principal Place of Business 150 W. Flagler St. Suite, Apt. #, etc. Ste. 2200, c/o A. Rodman City & State Miami, FL Zip 33130 Country USA		3. Mailing Address 150 W. Flagler St. Suite, Apt. #, etc. Ste. 2200, c/o A. Rodman City & State Miami, FL Zip 33130 Country USA	
4. FEI Number 20-0328525		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AIN, CLIFFORD B 20764 WEST DIXIE HIGHWAY AVENTURA, FL 33180-1146		7. Name and Address of New Registered Agent Name Andrew L. Rodman Street Address (P.O. Box Number is Not Acceptable) 150 W. Flagler St., Ste. 2200 Miami City FL Zip Code 33130	
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 <u>Andrew Rodman, President</u> SIGNATURE: 1/14/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT AIN, CLIFFORD B 20764 WEST DIXIE HIGHWAY AVENTURA, FL 331801146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	d/p Rodman, Andrew L. 150 W. Flagler St., Ste. 2200 Miami, FL 33130 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS WENDROW, NADENE 20764 WEST DIXIE HIGHWAY AVENTURA, FL 331801146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	o/v/s Wendrow, Nadene 1730 NE 149 St. Miami, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Jorge Lerman 1730 NE 147 Terrace Miami, FL 33179 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 607, 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: Andrew Rodman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/14/06 305-789-3200 <small>Date Daytime Phone #</small>	