

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000054713 (1)**

1. Corporation Name  
**COVENTRY HOME CORPORATION OF ORLANDO, INC.**

Principal Place of Business

Mailing Address

**201 E PINE ST  
SUITE 701  
ORLANDO FL 32801**

**201 E PINE ST  
SUITE 701  
ORLANDO FL 32801-3245**



2. Principal Place of Business

2a. Mailing Address

**20 N. Orange Ave.**

**20 N. Orange Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1000**

**Suite 1000**

City & State

City & State

**Orlando, FL**

**Orlando, FL**

Zip

Country

Zip

Country

**32801-4626**

**USA**

**32801-4626**

**USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**08/04/1993**

**08/08/1996**

4. FEI Number

Applied For

**59-3195264**

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

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

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

**HUMPHRIES, J Gregory**  
**201 E PINE ST**  
**SUITE 701**  
**ORLANDO FL 32801**

81 Name

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

**20 N. Orange Ave.**

83 Suite 1000

84 City Orlando

FL 85 Zip Code 32801-4626

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	DP	<input type="checkbox"/> DELETE
NAME	BARRINEAU, MICHAEL D	
STREET ADDRESS	201 E. PINE STREET #701	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEAHY, DONNA C.	
STREET ADDRESS	201 E. PINE ST SUITE 701	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TROVILLION, MARK K	
STREET ADDRESS	201 E PINE ST SUITE 701	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donna Leahy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna C. Leahy

4/2/97

281-444-9300

Date

Daytime Phone #

0062120

CR2E034 (9/96)