

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009585

FILED
Apr 11, 2005
Secretary of State

Entity Name: COVEWOOD NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 02-0715064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434, STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KASPER, JAMES H
Address: 2764 SUNSET POINT ROAD STE 200
City-St-Zip: CLEARWATER, FL 33759

Title: VD () Delete
Name: BASS, ROBERT E
Address: 2764 SUNSET POINT ROAD STE 200
City-St-Zip: CLEARWATER, FL 33759

Title: VD () Delete
Name: BASS, CHRISTINE M
Address: 2764 SUNSET POINT ROAD STE 200
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BASS, ROBERT E
Address: 2764 SUNSET POINT ROAD STE 200
City-St-Zip: CLEARWATER, FL 33759

Title: STD (X) Change () Addition
Name: BASS, CHRISTINE M
Address: 2764 SUNSET POINT ROAD STE 200
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H KASPER

PD

04/11/2005

Electronic Signature of Signing Officer or Director

Date