2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009585

Apr 13, 2007 Secretary of State

Entity Name: COVEWOOD NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

FEI Number: 02-0715064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Delete () Change () Addition LASETER, RHONDA Name: Name: 10049 CREEK BLUFF DR Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: SD () Delete Title: TD (X) Change () Addition WHIPPS, HAROLD Name: WHIPPS, HAROLD Name: Address: 12927 BROOKCREST PL Address: 12927 BROOKCREST PL City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: PD (X) Change () Addition MITSCHELE, GEORGE MITSCHELE, GEORGE Name: Name: Address: 13004 TRIBUTE DR Address: 13004 TRIBUTE DR City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: VPD (X) Change () Addition CAMPOS, ALBERTO CAMPOS, ALBERTO Name: Name: 13018 TRIBUTE DR Address: Address: 13018 TRIBUTE DR City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: SD (X) Change () Addition DONES, PABLO PRICE, TARAH Name: Name: 12905 BROOKCREST PL 12952 TRIBUTE DR Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: () Change (X) Addition HERNANDEZ, TONY Name: Name: Address: Address: 13001 TRIBUTE DR RIVERVIEW, FL 33569 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GEORGE MITSCHELE PD 04/13/2007