


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90481 039 ****61.25

DOCUMENT # N04000006986

1. Entity Name
 COVERED BRIDGE TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.



60045812



Principal Place of Business
 2637 MCCORMICK DRIVE
 CLEARWATER, FL 33759

Mailing Address
 2637 MCCORMICK DRIVE
 CLEARWATER, FL 33759

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 3001 Executive Drive
 Suite, Apt. #, etc.
 Suite 260

03302007 Chg-NP CR2E037 (12/06)

City & State
 Clearwater, FL

4. FEI Number
 20-2105378

Applied For
 Not Applicable

Zip
 33762

Country
 USA

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

6. Name and Address of Current Registered Agent
 FLOWERS, G.E
 2637 MCCORMICK DR
 CLEARWATER, FL 33759

7. Name and Address of New Registered Agent
 Name
 Condominium Associates
 Street Address (P.O. Box Number is Not Acceptable)
 3001 Executive Drive
 Suite 260
 City
 Clearwater FL Zip Code
 33762

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLOWERS, G E 2637 MCCORMICK DRIVE CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, LARRY 2637 MCCORMICK DRIVE CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JACZKO, THERESA 2637 MCCORMICK DRIVE CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres ARLINE BRICHETTO 3316 Covered Bridge Dr. E. DUNEDIN, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TED BERRY 3320 Covered Bridge Dr. E. DUNEDIN, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gen Joel Dennis 3346 Covered Bridge Dr. W Dunedin, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Arline Brichetto
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07
 Date Daytime Phone #