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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001171

1. Corporation Name

COVINGTON PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1 CORPORATE DRIVE PALM COAST FL 32151 US	P. O. BOX 352762 PALM COAST FL 32135-2762

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 100 Plantation Bay Drive	26 100 Plantation Bay Drive	03/03/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3290081 ☐ Applied For ☐ Not Applicable
City & State 23 Ormond Beach, FL	City & State 28 Ormond Beach, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32174 25 USA	Zip / Country 29 32174 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WHITE, WILLIAM A.
PALM COAST PROPERTY MANAGEMENT
296 PALM COAST PKWT NE
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: HAPIUK, NANCY D.
82 Street Address (P.O. Box Number is Not Acceptable): 100 PLANTATION BAY DRIVE
83
84 City: ORMOND BEACH **FL** 85 Zip Code: 32174

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Nancy D. Hapiuk — DATE: 4/24/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP AMARO, NICK 1 CORPORATE DR PALM COAST FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD BURKE, SANDRA 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BUTLER, SAM 1 CORPORATE DR PALM COAST FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD SMITH, RICHARD S. 2359 BEVILLE ROAD DAYTONA BEACH FL 32119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CALLEA, CHARLES J. 1 CORPORATE DR PALM COAST FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	STD ROSS, DOUGLAS R., JR. 2359 BEVILLE ROAD DAYTONA BEACH FL 32119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Sandra Burke — Date: 4/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E037 (11/98)