

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90135 017 ****61.25

DOCUMENT # N94000001171

1. Entity Name
COVINGTON PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**21 OLD KINGS ROAD NORTH
STE B-209
PALM COAST, FL 32137 US**

Mailing Address
**P O BOX 352915
PALM COAST, FL 32135 US**

50006785



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3290081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELLAPIANTA, MARC
21 OLD KINGS ROAD NORTH
B-209
PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name
Bellapianta, Marc

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

17 Old Kings Rd. N. Suite B

City
Palm Coast

FL

Zip Code
32137

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

[Signature]

MARC BELLAPIANTA

[Signature]

3-14-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**TD
MCINTYRE, JAMES
16 SENTRY OAK PLACE
PALM COAST, FL 32137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GROVES, MAUREEN
17 SENTRY OAK PLACE
PALM COAST, FL 32137** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
PELIGIAN, PETER
1 TWISTED OAK PLACE
PALM COAST, FL 32137** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
McIntyre, James
16 Sentry Oak Pl.
Palm Coast, FL 32137** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
Tuohey, William
14 Sentry Oak Ln.
Palm Coast, FL 32137** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
Gilfilian, Robert
11 Sentry Oak Pl.
Palm Coast, FL 32137** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

[Signature] **WILLIAM TUOHAY PRES.**

Date

3-23-06 (786) 445-9282

Daytime Phone #