2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 12, 2007
Secretary of State

DOCUMENT# N94000001171

Entity Name: COVINGTON PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17 OLD KINGS RD. NORTH
SUITE B
PALM COAST, FL 32137 US

New Principal Place of Business:

8009 S ORANGE AVENUE
ORLANDO, FL 32809 US

Current Mailing Address:

P O BOX 352915
PALM COAST, FL 32135 US

New Mailing Address:

8009 S ORANGE AVENUE
ORLANDO, FL 32809 US

FEI Number: 59-3290081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELLAPIANTA, MARC
17 OLD KINGS ROAD NORTH
SUITE B
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVENUE
ORLANDO, FL 32809 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: REBECCA FURLOW 05/12/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VTD ( ) Delete
Name: MCINTYRE, JAMES
Address: 16 SENTRY OAK PLACE
City-St-Zip: PALM COAST, FL 32137

Title: PD ( ) Delete
Name: TUOHEY, WILLIAM
Address: 14 SENTRY OAK LANE
City-St-Zip: PALM COAST, FL 32137

Title: SD ( ) Delete
Name: GILGILIAN, ROBERT
Address: 11 SENTRY OAK PLACE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHANNON, LYNN
Address: 151 SOUTHHALL LANE, SUITE 200
City-St-Zip: MAITLAND, FL 32751

Title: VD (X) Change ( ) Addition
Name: PIAZZA, KETICA
Address: 151 SOUTHHALL LANE, SUITE 200
City-St-Zip: MAITLAND, FL 32751

Title: STD (X) Change ( ) Addition
Name: WRIGHT, MATTHEW
Address: 151 SOUTHHALL LANE, SUITE 200
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify 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: LYNN SHANNON PD 05/12/2007
Electronic Signature of Signing Officer or Director Date