

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001171

FILED
Feb 24, 2009
Secretary of State

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:

50 LEANNI WAY
SUITE B6
PALM COAST, FL 32137 US

Current Mailing Address:

PO BOX 352915
PALM COAST, FL 32135 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SANTIAGO, ROLANDO J
240 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

FLAGLER PALM COAST PROPERTY MANAGEMENT, IN
50 LEANNI WAY
SUITE B6
PALM COAST, FL 32137 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: MARC BELLAPIANTA, PRES.

02/24/2009

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: GILFILIAN, ROBERT
Address: 11 SENTRY OAK PLACE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: VAN HORN, KITTY
Address: 7 SENTRY OAK PLACE
City-St-Zip: PALM COAST, FL 32137 US

Title: STD (X) Change () Addition
Name: STAHL, KEITH
Address: 12 SENTRY OAK PLACE
City-St-Zip: PALM COAST, FL 32137 US

Title: PD (X) Change () Addition
Name: GILFILIAN, ROBERT
Address: 11 SENTRY OAK PLACE
City-St-Zip: PALM COAST, FL 32137 US

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: ROBERT GILFILIAN

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date