

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED  
09 APR 26 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0051012

DOCUMENT # N98000002039

1. Corporation Name  
COVINGTON AT CROSS CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 2801 WEST BUSCH BLVD., STE. 601 TAMPA FL 33618  
Mailing Address: 2901 WEST BUSCH BLVD., STE. 601 TAMPA FL 33618



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/08/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		APPLIED FOR	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30		<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHAPIRO, DAVID 123 NW 13TH STREET, STE. 300 BOCA RATON FL 33432				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				600002859396-4			
				83 -04/30/99-01140-017			
				84 City			
				****70.00 67784.00 FL			

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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BURGARD, STEVE			1.2 NAME	RUSS, KEVIN		
STREET ADDRESS	2901 WEST BUSCH BLVD., STE. 601			1.3 STREET ADDRESS	2901 WEST BUSCH BLVD. #601		
CITY-ST-ZIP	TAMPA FL 33618			1.4 CITY-ST-ZIP	TAMPA, FL 33618		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEGER, MARTHA			2.2 NAME	LEGER, MARTHA		
STREET ADDRESS	2901 WEST BUSCH BLVD., STE. 601			2.3 STREET ADDRESS	2901 WEST BUSCH BLVD., #601		
CITY-ST-ZIP	TAMPA FL 33618			2.4 CITY-ST-ZIP	TAMPA, FL 33618		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOOTAN, SERGE			3.2 NAME	GOOTAN, SERGE		
STREET ADDRESS	2901 WEST BUSCH BLVD., STE. 601			3.3 STREET ADDRESS	2901 WEST BUSCH BLVD. #601		
CITY-ST-ZIP	TAMPA FL 33618			3.4 CITY-ST-ZIP	TAMPA, FL 33618		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: 561-391-4012

CR2E037 (11/98)