2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2004 8:00 am Secretary of State

DOCUMENT # N9800002039 1. Entity Name COVINGTON AT CROSS CREEK HOMEOWNERS ASSOCIATION, INC.					04-01-2004 90010 043 ****70.00			
Principal Place of Business 3974 TAMPA ROAD B 0LDSMAR, FL 34677							-	
2. Principal Place of Business 3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			02252004	Chg-NP	CR2E037 (10/03)	
City & State		City & State LUTZ ITC			4. FEI Number 59-3598			oplied For
Zip	Country	33549	Cour	ntry 15A	5. Certificate of	f Status Desired	\$8.75 Add	
-	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New Re	\	
HANSON	JACK			Name W/LL/	Am SP	WEY		
HANSON, JACK 3974 TAMPA ROAD				Street Address (P.O. Box Number is Not Acceptable)				
B OLDSMAR, Fl ₄ 34677				SUITE A				
				City LUTZ FL Zip Gode 749				
8. The above the obligat	e named entity extensits this statement for tions of regulared agent.	or the purpose of changing its	registere	d office or registe	ered agent, or both	, in the State of Flor	rida. I am familiar with,	and accept
SIGNATURE .		ILLIAM C		IVEY		<u> 3.</u>	29- 9	
4	Signature typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signalfire require	ed when reinstating)		DATE/	
4	Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Car Trust Fund (mpaign Fir	nancing	\$5.00 May Be Added to Fees		tke check payable to da Department of Si	
10.	Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Car Trust Fund (mpaign Fir	nancing on.	\$5.00 May Be Added to Fees	Florid		tate
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TITLE NAME	Filing Fee Is \$61.25 Due by May 1, 2004 OFFICERS AND DI D HULL, KURT	9. Election Car Trust Fund (mpaign Fir Contribution 11. TITLE NAME STREE	nancing on. PD TACORESS 184	\$5.00 May Be Added to Fees ADDITIONS/CHA K FENTER 135 EAST W	Florid NGES TO OFFICER	da Department of Si	tate
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indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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. 813-968-5665 SIGNATURE: . SMATURE AND SYPEOUS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK FENTER

Daytime Phone #