

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90202 021 ****70.00



DOCUMENT # N98000002039
 1. Entity Name
COVINGTON AT CROSS CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
3974 TAMPA ROAD B OLDSMAR, FL 34677

Mailing Address
16105 N. FLORIDA SUITE A LUTZ, FL 33549



2. Principal Place of Business
16105 N FLORIDA AVE

3. Mailing Address
 Suite, Apt. #, etc.
SUITE A

City & State
LUTZ FL

Zip
33549-6161

Country
US

03032005 Chg-NP CR2E037 (10/03).

4. FEI Number
59-3598248

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SPINEY, WILLIAM
16105 N. FLORIDA SUITE A
LUTZ, FL 33549

7. Name and Address of New Registered Agent
 Name
STEVEN MEZER
 Street Address (P.O. Box Number is Not Acceptable)
220 S. FRANKLIN ST
 City
TAMPA FL Zip Code
33602

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 **STEVEN H. MEZER** DATE **3/16/05**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FENTER, JACK	
STREET ADDRESS	18435 EASTWYCK DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELLARD, RAY	
STREET ADDRESS	18442 EASTWYCK DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEA, RALPH	
STREET ADDRESS	18422 EASTWYCK DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAGLAND, RICK	
STREET ADDRESS	18424 EASTWYCK DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ETHERIDGE, SCOTT	
STREET ADDRESS	18308 EASTWYCK DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANA MCCLUSKY	
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLARD, RAY	
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA COLLIE	
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD DEPALMA	
STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 or without other like empowered.

SIGNATURE: **RALPH STEA** DATE: **04-26-05**
 PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR