
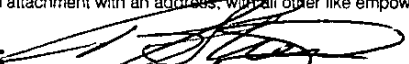


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90017 021 ****61.25

DOCUMENT # N98000002039					
1. Entity Name COVINGTON AT CROSS CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 16105 N FLORIDA AVE STE A LUTZ, FL 33549		Mailing Address 16105 N. FLORIDA SUITE A LUTZ, FL 33549			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-3598248	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN 220 S FRANKLIN ST TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLUSKY, DIANA		NAME	KAREN DEGIORGIO	
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELLARO, RAY		NAME	DESIREE HANSON	
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEA, RALPH		NAME		
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 335489		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIE, LAURA		NAME	WILLIAM SANDS	
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS	16105 N. FLORIDA #A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPALMA, RICHARD		NAME		
STREET ADDRESS	16105 N FLORIDA #1		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: 			02-01-06		813-600-3639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT

66013080
#N98000002039

RUN DATE: 1/26/06
RUN TIME: 3:46 PM

Page: 1

COVINGTON AT CROSS CREEK H.A.
BOARD/COMMITTEE MEMBERS REPORT AS OF 01/26/06

NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION
--------------	--------------	----------	-----------	-----------------

CLASS: PRESIDENT

RALPH STEA 18422 EASTWYCK TAMPA FL 33647	PRESIDENT Ralph.stea@verizon.net	242.5711	600.3639	OCTOBER 2006
--	-------------------------------------	----------	----------	--------------

CLASS: VICE PRESIDENT

KAREN DEGIORGIO 18420 EASTWYCK TAMPA FL 33647	VICE PRESIDENT karenblondie@aol.com		907.3883 810.6445	OCTOBER 2006
---	--	--	----------------------	--------------

CLASS: SECRETARY

RICHARD DEPALMA 18419 RICHARD DEPALMA TAMPA FL 33647	SECRETARY depalmanewtampa@verizon.net		994.5461	OCTOBER 2006
--	--	--	----------	--------------

CLASS: TREASURER

DESIREE HANSON 18305 EASTWYCK TAMPA FL 33647	TREASURER			OCTOBER 2006
--	-----------	--	--	--------------

CLASS: DIRECTOR

WILLIAM SANDS 18406 EASTWYCK TAMPA FL 33647	DIRECTOR			OCTOBER 2006
---	----------	--	--	--------------