## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N98000002039

1. Entity Name COVINGTON AT CROSS CREEK HOMEOWNERS ASSOCIATION INC.



**Secretary of State** 02-05-2007 90101 004 \*\*\*\*61.25

Feb 05, 2007 8:00 am

**FILED** 

NAME SIREET ADDRESS 16105 N FLORIDA #A LUTZ, FL 33549  TO  HANSON, DESIREE SIREET ADDRESS 16105 N FLORIDA #A LUTZ, FL 33549  TITLE TD  HANSON, DESIREE SIREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549  TITLE TD  HANSON, DESIREE SIREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549  TITLE NAME STEET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS 16105 N FLORIDA #A CITY-ST-ZIP LUTZ, FL 335489  TITLE D  Delete  TITLE NAME SIREET ADDRESS CITY-ST-ZIP LUTZ, FL 335489  TITLE D  DEPALMA, RICHARD SIREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549  TITLE D  DEPALMA, RICHARD SIREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549  TITLE D  DEPALMA, RICHARD SIREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549  TITLE D  DEPALMA, RICHARD SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ, FL 33549  TITLE D  DEPALMA, RICHARD SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ, FL 33549  TITLE D  DEPALMA, RICHARD SIREET ADDRESS CITY-ST-ZIP CHange Addition TITLE NAME SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33649  CITY-ST-ZIP CHANGE SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33649  CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP TAMPA, FL 33647  CHANGE ADDRESS CITY-ST-ZIP TAMPA, FL 33647  CHANGE ADDRESS CITY-ST-ZIP TAMPA, FL 33647	ASSOCIA	ATION, INC	<b>.</b>					ILI.					
Suffo. Apt. #, etc.    Suffo. Apt. #, etc.	7402 N. 56TH ST. SUITE 480 740			740	2 N. 56TH ST. SUIT		ł						
Suffo. Apt. #, etc.    Suffo. Apt. #, etc.													
City & State  Country  & Country	2. Principal Place of Business - No P.O. Box # 3			3. Mai	3. Mailing Address				1 (168) (161 161)				
Space   Spac	Suite, Apt. #, etc.			Suite, Apt. #, etc.					01032007	Chg-NP	CR2	:E037 (12/0	6)
Country   Zip   Country   Zip   Country   S. Centificate of Status Desired   \$8.75 Additional Fee Regulated	City & State			City & State							-	-	<del> </del>
MEZER, STEVEN 220 S FRANKLIN ST TAMPA, FL 33602  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature:  Filing Fee is \$61.25  Due by May 1, 2007  Publing Filing Fee is \$61.25  Due by May 1, 2007  Detection Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Make DEGIORGIO, KAREN SIRERI JUDIESS SIRER	Zip	Zip Country		Zip Co			untry				жd 🗆		Additional
MEZER, STEVEN 220 S FRANKIN IST TAMPA, FL 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 Forida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Synthm. Totel or printed name of registered agent and the flacebable (NCTE Repostered Agent synthms repeated with meretating)  PHING Foe its \$61.25  Due by May 1, 2007		6. Name a	and Address of Curren	nt Registere	ed Agent	=	I		7. Name and	Address of Ne	w Register		UIIOU
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	MEZER S	STEVEN			-		Name						
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 femiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature	220 S FR/	ANKLIN ST			Street Addres			ddress (F	P.O. Box Numbe	er is Not Accept	able)		
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 femiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature	•												
SIGNATURE    Signature   Signa							City	-	·			FL Zip	Code
SIGNATURE    Systature, typed or printed name of registered agent and title of accidable. (INOTE: Registered Agent signature required when rentationg)   Description   Des	8. The above	e named entity	submits this statement	for the purp	ose of changing its	register	ed office or	register	ed agent, or bot	th, in the State o	f Florida. I	am familiar v	vith, and accept
Signature, hoped or printed name of registered agent and title if applicables   (NOTE: Registered Agent segrature required when remetistring)   DATE	(rie obliga	idoris or register	red agent.										
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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: Mun Lower ALBKEN A BOWERS 1/29/2007 8/3,994,5473
SIGNATURE AND TYPED OF PRONTED NAME OF SIGNONG OFFICER OR DIRECTOR

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