## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N98000002039**



Feb 08, 2008 8:00 am Secretary of State

**FILED** 

| 1. Entity Name COVINGTON AT CROSS CREEK HOMEOWNERS ASSOCIATION, INC.   |   |   |   |   |  | 02-08-2008   | 90024 04   | 4 ****6                         | 1.25                           |  |
|--|---|---|---|---|--|--|--|---------------------------------|--------------------------------|--|
| 7402 N. 56TH ST. SUITE 480 740   |   | uling Address<br>402 N. 56TH ST. SUITE 480<br>AMPA, FL 33617-7783 |   |   | ł indika: bia  | والقوا القالا القالا العالاا   |  | <b>82:83</b> HIJO (8            | RISMI <b>m</b> i i <b>mm</b> i |  |
| 2. Principal Place of Business - No  | P.O. Box # 3. Ma  | ailing Address  |   |   |  |  |  |                                 |                                |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   | 01072008   | 01072008 Chg-NP CR2E037 (12/06)  |  |                                 |                                |  |
| City & State   |   | City & State  |   | 4. FEI Number 59-3598   |  |  |  | Applied For Not Applicable      |                                |  |
| Zip Cour   |   | ip  | Country   |   | 5. Certificate   | of Status Desired  |  | 8.75 Ade<br>ee Require          |                                |  |
| 6. Name and Address of Current Registered Agent  |   |   |   | 7. Name and Address of New Registered Agent                                 |  |  |  |                                 |                                |  |
| MEZER, STEVEN<br>220 S.FRANKLIN ST<br>TAMPA, FL 33602  |   |   | Street /  | Name MEZER STEVEN ESQ<br>Street Address (P.O. Box Number is Not Acceptable) |  |  |  |                                 |                                |  |
| The above named entity submits the obligations of registered age   |   | pose of changing its re   |   | n <i>PA</i><br>or registere   | ed agent, or bot   | h, in the State of F   | FL<br>lorida. I am fa  | Zip Cod<br>3360<br>miliar with, | 2-5330                         |  |
| SIGNATURE Signature, typed or printed no   | arne of registered agent and title if a                   | opficable. (NOTE: R   | Registered Agent signe  | dure required   | when reinstation)  |  | DATE   |                                 |                                |  |
| Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campain Trust Fund Control  |   |   |   |   | ,  |  |  |                                 |                                |  |
|  |   |   |   |   | \$5.00 May Bo<br>Added to Fees   |  | lake check  <br>rida Departn   |                                 |                                |  |
| Due by May 1, 2  |   | Trust Fund Cor  |   | <u> </u>  | \$5.00 May Bo<br>Added to Fees   |  | Make check  <br>rida Departn   | nent of S                       | tate                           |  |
| 10. OF   | 2008<br>FFICERS AND DIRECTOR                              | Trust Fund Cor  | ntribution.   | <u> </u>  | \$5.00 May Bo<br>Added to Fees   | Flo  | Make check  <br>rida Departn   | nent of S                       | tate                           |  |
| Due by May 1, 2           10.         OF           TITLE         VD           NAME         DEGIORGIO, KAR  | 2008<br>FFICERS AND DIRECTOR<br>REN                       | Trust Fund Cor  | 11. TITLE NAME  | <u> </u>  | \$5.00 May Bo<br>Added to Fees   | Flo  | Make check  <br>rida Departn   | CTORS IN                        | tate                           |  |
| Due by May 1, 2  10. OF  TITLE VD  NAME DEGIORGIO, KAR  STREET ADDRESS 18420 EASTWYC   | <b>2008</b><br>FFICERS AND DIRECTOR<br>REN<br>K DR        | Trust Fund Cor  | TITLE NAME STREET ADDRESS   | <u> </u>  | \$5.00 May Bo<br>Added to Fees   | Flo  | Make check  <br>rida Departn   | CTORS IN                        | tate                           |  |
| Due by May 1, 2  10. OF  TITLE VD  NAME DEGIORGIO, KAF  STREET ADDRESS CITY-ST-ZIP TAMPA, FL 3364  | <b>2008</b><br>FFICERS AND DIRECTOR<br>REN<br>K DR        | Trust Fund Cor  | 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP   | ^   | \$5.00 May Bo<br>Added to Fees   | Flo  | fake check  <br>rida Departn<br>ERS AND DIRE   | CTORS IN Change                 | tate  1 10  Addition           |  |
| Due by May 1, 2  10. OF  TITLE VD  NAME DEGIORGIO, KAF  STREET ADDRESS 18420 EASTWYC  CITY-SI-ZIP TAMPA, FL 3364  TITLE TD  NAME HANSON, DESIR   | PRICERS AND DIRECTOR REN CK DR 7                          | Trust Fund Cor  | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | A .   | \$5.00 May B<br>Added to Fees<br>DDITIONS/CHA  | Flo  | dake check  <br>rida Departn<br>PRS AND DIRE   | CTORS IN                        | tate                           |  |
| Due by May 1, 2  10. OF  TITLE VD  NAME DEGIORGIO, KAF  STREET ADDRESS 18420 EASTWYC  TAMPA, FL 3364  TITLE TD  NAME TD  HANSON, DESIR  STREET ADDRESS 18305 EASTWYC   | PFICERS AND DIRECTOR REN 1K DR 7 EE                       | Trust Fund Cor  | 11, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | T D C   | \$5.00 May B. Added to Fees DDITIONS/CHA   | Floanges to office   | Aake check   rida Departn  | CTORS IN Change                 | tate  1 10  Addition           |  |
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| Due by May 1, 2  10. OF  TITLE VD  NAME DEGIORGIO, KAF  SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 3364  TITLE TD  HANSON, DESIRI 18305 EASTWYC TAMPA, FL 3364  TITLE PD  NAME PD  STEA, RALPH   | 2008 FFICERS AND DIRECTOR REN K DR 7 EE K DR 7 7          | Trust Fund Cor  | 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREEI ADDRESS CITY-SI-ZIP TITLE NAME  | T D C C C C C C C C C C C C C C C C C C                                     | \$5.00 May B. Added to Fees DDITIONS/CHA  DEMARSE 8438 EA AMPA   | Floanges to office<br>STACY<br>35TWYCK<br>15L 3364<br>LPh  | Aake check   rida Departn  | CTORS IN Change                 | N 10  ☐ Addition  Addition     |  |
| Due by May 1, 2  | PFICERS AND DIRECTOR REN K DR 7 EE K DR 7                 | Trust Fund Cor  | 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS   | TD 10   | \$5.00 May B. Added to Fees DDITIONS/CHA DEMARSE 8438 EA 1AMPA.  | Floanges to office<br>STACY<br>STWYCK<br>IFL 3364<br>Ph<br>TWYCK D   | Aake check I   | CTORS IN Change                 | N 10  ☐ Addition  Addition     |  |
| Due by May 1, 2  10. OF  TITLE VD  NAME DEGIORGIO, KAF  SIREET ADDRESS 18420 EASTWYC  TAMPA, FL 3364  TITLE TD  NAME HANSON, DESIRE  18305 EASTWYC  TAMPA, FL 3364  TITLE PD  STEAR, RALPH  18422 EASTWYC  TAMPA, FL 3364  | PFICERS AND DIRECTOR REN K DR 7 EE K DR 7                 | Trust Fund Cor  Delete  Delete                                    | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TD 10   | \$5.00 May B. Added to Fees DDITIONS/CHA DEMARSE 8438 EA 1AMPA.  | Floanges to office<br>STACY<br>35TWYCK<br>15L 3364<br>LPh  | Aake check rida Departin   | CTORS IN Change  Change  Change | I 10  ☐ Addition  Addition     |  |
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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 eath; 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: