


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90024 044 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # N98000002039</b>   |   |  |   |         |  |
| 1. Entity Name<br>COVINGTON AT CROSS CREEK HOMEOWNERS ASSOCIATION, INC.  |   |  |   |  |  |
| Principal Place of Business<br>7402 N. 56TH ST. SUITE 480<br>TAMPA, FL 33617-7783  |   | Mailing Address<br>7402 N. 56TH ST. SUITE 480<br>TAMPA, FL 33617-7783            |   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   | 4. FEI Number<br>59-3598248  |  |
| Zip  |   | Country  |   | 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<br>220 S FRANKLIN ST<br>TAMPA, FL 33602  |   |  | Name <u>MEZER, STEVEN, ESQ</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1801 N. HIGHLAND AVE.</u><br>City <u>TAMPA</u> FL Zip Code <u>33602-5330</u> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE  | VD <input type="checkbox"/> Delete            | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME   | DEGIORGIO, KAREN                              | NAME   |   |  |  |
| STREET ADDRESS   | 18420 EASTWYCK DR                             | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  | TAMPA, FL 33647                               | CITY-ST-ZIP  |   |  |  |
| TITLE  | TD <input checked="" type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |  |
| NAME   | HANSON, DESIREE                               | NAME   | <u>TD DEMARSE STACY</u>   |  |  |
| STREET ADDRESS   | 18305 EASTWYCK DR                             | STREET ADDRESS   | <u>18438 EASTWYCK DR</u>  |  |  |
| CITY-ST-ZIP  | TAMPA, FL 33647                               | CITY-ST-ZIP  | <u>TAMPA, FL 33647</u>  |  |  |
| TITLE  | PD <input type="checkbox"/> Delete            | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME   | STEA, RALPH                                   | NAME   | <u>D STEA RALPH</u>   |  |  |
| STREET ADDRESS   | 18422 EASTWYCK DR                             | STREET ADDRESS   | <u>18422 EASTWYCK DR.</u>   |  |  |
| CITY-ST-ZIP  | TAMPA, FL 33647                               | CITY-ST-ZIP  | <u>TAMPA, FL 33647</u>  |  |  |
| TITLE  | P <input type="checkbox"/> Delete             | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME   | BOWERS, ALBREN                                | NAME   |   |  |  |
| STREET ADDRESS   | 18405 EASTWYCK DR                             | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  | TAMPA, FL 33647                               | CITY-ST-ZIP  |   |  |  |
| TITLE  | D <input type="checkbox"/> Delete             | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME   | DEPALMA, RICHARD                              | NAME   | <u>SD DEPALMA, RICHARD</u>  |  |  |
| STREET ADDRESS   | 18419 EASTWYCK DR                             | STREET ADDRESS   | <u>18419 EASTWYCK DR.</u>   |  |  |
| CITY-ST-ZIP  | TAMPA, FL 33647                               | CITY-ST-ZIP  | <u>TAMPA, FL 33647</u>  |  |  |
| 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: <u>Albren A. Bowers</u> <u>ALBREN A. BOWERS</u> <u>2/4/2008</u> (513)-994-5473<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |   |  |  |