

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002039

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: COVINGTON AT CROSS CREEK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7402 N. 56TH ST. SUITE 480  
TAMPA, FL 336177783

**New Principal Place of Business:**

**Current Mailing Address:**

7402 N. 56TH ST. SUITE 480  
TAMPA, FL 336177783

**New Mailing Address:**

FEI Number: 59-3598248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEZER, STEVEN ESQ  
1801 N HIGHLAND AVE  
TAMPA, FL 336025330 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: DEGIORGIO, KAREN  
Address: 18420 EASTWYCK DR  
City-St-Zip: TAMPA, FL 33647

Title: TD ( ) Delete  
Name: DEMARSE, STACY  
Address: 18438 EASTWYCK DR  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: STEA, RALPH  
Address: 18422 EASTWYCK DR  
City-St-Zip: TAMPA, FL 33647

Title: P ( ) Delete  
Name: BOWERS, ALBREN  
Address: 18405 EASTWYCK DR  
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Delete  
Name: DEPALMA, RICHARD  
Address: 18419 EASTWICK DR  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BOWERS, ALBREN  
Address: 18405 EASTWYCK DR  
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Change ( ) Addition  
Name: DEPALMA, RICHARD  
Address: 18419 EASTWYCK DR  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO-ANN PILAWSKI, LCAM

MGR

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date