

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002039

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

16609 ROUND OAK DRIVE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 342069  
TAMPA, FL 33694

**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  
Name: DEGIORGIO, KAREN  
Address: 18420 EASTWYCK DR  
City-St-Zip: TAMPA, FL 33647

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

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

Title: SD  
Name: DEPALMA, RICHARD  
Address: 18419 EASTWYCK DR  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: DANIELS, RICHARD  
Address: 18443 EASTWYCK DRIVE  
City-St-Zip: TAMPA, FL 33647

I hereby 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 all other like empowered.

SIGNATURE: ALBREN BOWERS

PRES

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date