

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38015

1. Entity Name

COVINGTON CREEK HOMEOWNER'S ASSOCIATION, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90079 019 ****61.25

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 14286-19 BEACH BLVD #119 JACKSONVILLE FL 32250 US | 14286-19 BEACH BLVD #119 JACKSONVILLE FL 32250 US |

| | |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 14286-19 Beach Blvd. | 14286-19 Beach Blvd. |

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| PMB 119 | PMB 119 |

| | |
|------------------|------------------|
| City & State | City & State |
| Jacksonville, FL | Jacksonville, FL |

| | | | |
|------------|---------|------------|---------|
| Zip | Country | Zip | Country |
| 32250-1568 | | 32250-1568 | |



DO NOT WRITE IN THIS SPACE

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 59-3035831 | Not Applicable |

| | |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

6. Name and Address of Current Registered Agent

LEWIS, CHARLENE
 2382 COVINGTON CREEK CIR W
 JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name: (SAME)
 Street Address (P.O. Box Number is Not Acceptable)
 City: FL Zip Code

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.

SIGNATURE: Charlene Lewis DATE: 3/27/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CLIFFORD, KENT | |
| STREET ADDRESS | 2337 ALDERMAN OAKS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LEWIS, CHARLENE | |
| STREET ADDRESS | 2382 COVINGTON CREEK CIR W | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WHITEFIELD, IAN | |
| STREET ADDRESS | 13736 COVINGTON CREEK DR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | OLBERDING, LOLA | |
| STREET ADDRESS | 2384 COVINGTON CREEK CIR E | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HINES, JUNE | |
| STREET ADDRESS | 13720 COVINGTON CREEK DR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WOOD, BRIAN | |
| STREET ADDRESS | 13688 COVINGTON CREEK DR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charlene Lewis DATE: 3/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)