

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732724

**Entity Name:** COVERED BRIDGE ASSOCIATION, INC.**Current Principal Place of Business:**101 PARKVIEW CIRCLE  
LAKE PLACID, FL 33852**Current Mailing Address:**101 PARKVIEW CIRCLE  
LAKE PLACID, FL 33852**FEI Number:** 59-1795279**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAULE, VALARIE M PRES  
101 PARKVIEW CIRCLE  
LAKE PLACID, FL 33852 US*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:** VALARIE M MAULE

02/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT/DIRECTOR  
Name            MAULE, VALARIE M  
Address        10429 HIGH GROVE AVE.  
City-State-Zip: LAKE PLACID FL 33852

Title            VP, DIRECTOR  
Name            TAYLOR, THOMAS  
Address        44 JASMINE ST.  
City-State-Zip: LAKE PLACID FL 33852

Title            TREASURER, DIRECTOR  
Name            RUSS, LEIGH  
Address        116 PARKVIEW CIRLE  
City-State-Zip: LAKE PLACID FL 33852

Title            SECRETARY, DIRECTOR  
Name            HANGLEY, CLIFFORD  
Address        150 PARKVIEW CIRCLE  
City-State-Zip: LAKE PLACID FL 33852

Title            DIRECTOR  
Name            BURSE, WILLIAM  
Address        104 JASMINE ST.  
City-State-Zip: LAKE PLACID FL 33852

Title            ASST. TREASURER, DIRECTOR  
Name            KLAUSE, PHYLLIS  
Address        108 JASMINE ST.  
City-State-Zip: LAKE PLACID FL 33852

Title            DIRECTOR  
Name            GARVER, CLARENCE  
Address        54 JASMINE ST.  
City-State-Zip: LAKE PLACID FL 33852

*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:** VALARIE MAULE**PRESIDENT**

02/17/2020

Electronic Signature of Signing Officer/Director Detail

Date