

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002010

FILED
Apr 29, 2022
Secretary of State
6104976163CC

Entity Name: VILLAS AT COVINGTON PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

719 EAST PARK AVENUE
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 13089
TALLAHASSEE, FL 32317

FEI Number: 72-1608059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCKEE, KAYLA
719 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: KAYLA MCKEE

04/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LYON, ED
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title VP, TREASURER
Name ATCHLEY, DANA
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name SNEAD, KAY
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title MANAGER/AGENT
Name MCKEE, KAYLA
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY
Name RAKER, JANE
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name BELL, ROBERT
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name BROWN, JAMELA
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

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: KAYLA MCKEE

MANAGER

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date