

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002010

FILED
Mar 26, 2015
Secretary of State
CC3094257614

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

Current Principal Place of Business:

644 CAPITAL CIRCLE NE
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:

RHINEHART, ROBERT S
644 CAPITAL CIRCLE NE
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	PRESIDENT
Name	HICKMAN, ELIZABETH	Name	SIMMONS, SANDRA
Address	644 CAPITAL CIRCLE NE	Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301
Title	SECRETARY/TREASURER	Title	DIRECTOR
Name	SNEAD, KAY	Name	ELLENBURG, NANCY
Address	644 CAPITAL CIRCLE NE	Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301
Title	MANAGER/AGENT	Title	DIRECTOR
Name	RHINEHART, ROBERT S	Name	FORNEY, HAZEL
Address	P.O. BOX 13089	Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32301

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: ROBERT S RHINEHART

MANAGER/AGENT

03/26/2015

Electronic Signature of Signing Officer/Director Detail

Date