

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001171

Entity Name: COVINGTON PARK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986**Current Mailing Address:**C/O WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986 US**FEI Number:** 59-3290081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FORMAN, ROBERT EDWARD
C/O WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986 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:** ROBERT EDWARD FORMAN

04/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	ADKINS, WILLIAM
Address	C/O WATSON ASSOCIATION MANAGEMENT 430 NW LAKE WHITNEY PLACE
City-State-Zip:	PORT ST LUCIE FL 34986
Title	VP
Name	GILFILIAN, ROBERT
Address	C/O WATSON ASSOCIATION MANAGEMENT 430 NW LAKE WHITNEY PLACE
City-State-Zip:	PORT ST LUCIE FL 34986

Title	PRESIDENT
Name	TAYLOR, JEFFREY
Address	C/O WATSON ASSOCIATION MANAGEMENT 430 NW LAKE WHITNEY PLACE
City-State-Zip:	PORT ST LUCIE FL 34986
Title	TREASURER
Name	MCDONALD , DENNIS
Address	430 NW LAKE WHITNEY PLACE
City-State-Zip:	PORT ST LUCIE FL 34986

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: JEFFREY TAYLOR

PRESIDENT

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date