

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002039

**Entity Name:** COVINGTON AT CROSS CREEK HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**9175488194CC**

**Current Principal Place of Business:**

16609 ROUND OAK DRIVE  
TAMPA, FL 33618

**Current Mailing Address:**

P.O. BOX 342069  
TAMPA, FL 33694

**FEI Number: 59-3598248**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

APPLETON, ERIC N ESQ  
215 N. HOWARD AVE  
SUITE 200  
TAMPA, FL 33606 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: ERIC N. APPLETON, ESQ.**

**02/08/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           KALACH, JIM  
Address        P.O. BOX 342069  
City-State-Zip: TAMPA FL 33694

Title           P  
Name           BOWERS, ALBREN  
Address        P.O. BOX 342069  
City-State-Zip: TAMPA FL 33694

Title           SECRETARY  
Name           BOWERS, KALESHA  
Address        P.O. BOX 342069  
City-State-Zip: TAMPA FL 33694

Title           DIRECTOR  
Name           WILEY, BRIAN J  
Address        P.O. BOX 342069  
City-State-Zip: TAMPA FL 33694

*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: ALBREN BOWERS**

**P**

**02/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date