FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716538 (4)

1. Corporation Name

COVENANT MANOR CONDOMINIUM INC.

Principal Place of Business	Mailing Address
9871 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154	9871 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified: 05/13/1969

3a. Date of Last Report: 02/28/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2364221 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FIALLO, PATRICIA
9871 W BAY HARBOR DR #1A
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE PATRICIA FIALLO — 3/ /96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE	SECRETARY - TREASURER	☐ Change ☐ Addition
NAME	FIALLO, PATRICIA		1.2 NAME	PATRICIA FIALLO	(D)
STREET ADDRESS	9871 W BAY HARBOR DR #1A		1.3 STREET ADDRESS	9871 WEST BAY HARBOR DR # 1A	
CITY-ST-ZIP	BAY HARBOR ISL. FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VICE - PRESIDENT	☐ Change ☒ Addition
NAME	GALLO, BETTY		2.2 NAME	VIRGINIA PELLEGRINO	(D)
STREET ADDRESS	9881 W BAY HARBOR DR #3		2.3 STREET ADDRESS	9881 W. BAY HARBOR DR # 1	
CITY-ST-ZIP	BAY HARBOR ISL. FL		2.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL.	
TITLE	PD	☐ DELETE	3.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	FIALLO, MICHAEL		3.2 NAME	MICHAEL FIALLO	(D)
STREET ADDRESS	9871 W BAY HARBOR DR #1A		3.3 STREET ADDRESS	9871 WEST BAY HARBOR DR # 1A	
CITY-ST-ZIP	BAY HARBOR ISL. FL		3.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FLORIDA	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PATRICIA FIALLO — 3/6/96 — 8615415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #