2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Seeretary of State

DOCUMENT # 716538

1. Entity 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

DO NOT WRITE IN THIS SPACE

04142004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000117989
04/19/04-80042-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMAGLIA, MARISA
STREET ADDRESS	9871 W BAY HARBOR DR #2A
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	VPD
NAME	GARCIA, MARTHA
STREET ADDRESS	9881 W. BAY HARBOR DR #2
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	SD
NAME	FIALLO, PATRICIA
STREET ADDRESS	9871 W BAY HARBOR DR #1A
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marisa Ramaglia MARISA RAMAGLIA 4/14/04 305-865-6194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #