


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 716538 1. Entity Name COVENANT MANOR CONDOMINIUM INC.	
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Principal Place of Business 9871 W BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154	Mailing Address 9871 W BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2364221	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMAGLIA, MARISA 9871 W BAY HARBOR DR #2A BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, MARTHA 9881 W. BAY HARBOR DR #2 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIALLO, PATRICIA 9871 W BAY HARBOR DR #1A BAY HARBOR ISLANDS, FL 33154
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04/18/05-80072-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARISA RAMAGLIA

4/15/2005

Date

305-865-6191

Daytime Phone #