

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 716538

1. Entity Name
COVENANT MANOR CONDOMINIUM INC.



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**



03302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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, 2007**

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

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

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U000000692348
04/13/07-80050-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-07 305-865-6194