

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723665

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: COVERT II ASSOCIATION, INC.

## Current Principal Place of Business:

5231 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228

## New Principal Place of Business:

## Current Mailing Address:

5231 GULF OF MEXICO  
OFFICE MANAGER MAIL BOX  
LONGBOAT KEY, FL 34228

## New Mailing Address:

FEI Number: 57-1569222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLATER, DR. RICHARD  
2020 VENETIAN WAY  
WINTER PARK, FL 32789      US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCSWAIN, DOUGLAS  
Address: 191 MIAMI PRK WAY  
City-St-Zip: FORT THOMAS, KY 41075

Title: S ( ) Delete  
Name: FURLOW, ANN  
Address: 2910 KISSEL HILL ROAD  
City-St-Zip: LITITZ, PA 17543

Title: DVP ( ) Delete  
Name: LAMPE, THOMAS  
Address: 24 ORCHARD HILL ROAD  
City-St-Zip: FORT THOMAS, KY 41075

Title: D ( ) Delete  
Name: HUDEPOHL, JEFFREY  
Address: 35 CROW HILL  
City-St-Zip: FORT THOMAS, KY 41075

Title: DT ( ) Delete  
Name: HAAS, JR, JOE  
Address: 5306 DODSWORTH LANE  
City-St-Zip: COLD SPRING, KY 41076

Title: DP ( ) Delete  
Name: SCHWIND, STEPHEN  
Address: 51504 MOUNTAIN HIGHWAY, EAST  
City-St-Zip: EATONVILLE, WA 98328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition  
Name: TORBECK, CHRISTOPHOER  
Address: 5340 WERK RD UNIT #12  
City-St-Zip: CINCINNATI, OH 45248

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LAMPE, THOMAS  
Address: 24 ORCHARD HILL ROAD  
City-St-Zip: FORT THOMAS, KY 41075

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH D HAAS JR

DT

04/29/2009

Electronic Signature of Signing Officer or Director

Date