

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90241 007 ****61.25

0081816

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736551

1. Corporation Name

COVERT III ASSOCIATION, INC.

Principal Place of Business
5211 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address
717 GALLANT FOX LANE
UNION KY 41091
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/06/1976

4. FEI Number
59-1892899

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

9. Name and Address of Current Registered Agent

**NAMACK III, WILLIAM H.
27 SOUTH ORANGE AVENUE
SARASOTA FL 33577**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STD
HARMELING, BERNARD
STREET ADDRESS
717 GALLANT FOX LANE
CITY-ST-ZIP
UNION KY

TITLE ☐ DELETE

NAME
VD
CLAESCHER, CHARLES
STREET ADDRESS
5635 MAPLERIDGE DRIVE
CITY-ST-ZIP
CINCINNATI OH

TITLE ☐ DELETE

NAME
PD
LORDIS, BILL
STREET ADDRESS
8831 MONTGOMERY RD
CITY-ST-ZIP
CINCINNATI OH 45236

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
3505 Dixie Highway
1.4 CITY-ST-ZIP
Erlanger, KY 4108

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
VD
Schatfield, Robert
2.3 STREET ADDRESS
5210 Gulf of Mexico Drive
2.4 CITY-ST-ZIP
Longboat Key, FL 34228

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
Kordis, Bill
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Feb 99

Date

(606) 321-2173

Daytime Phone #

CR2E037 (11/98)