
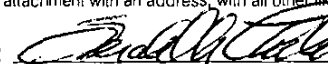


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 11 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736551			
1. Entity Name COVERT III ASSOCIATION, INC.			
Principal Place of Business 5211 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228		Mailing Address 1150 W. 8TH ST SUITE 255 CINCINNATI, OH 45203 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2510 Dixie Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		C/O G.W. Thelen Co., Inc City & State Ft. Mitchell, KY	
Zip	Country	Zip	Country
		41017	USA
6. Name and Address of Current Registered Agent		4. FEI Number 59-1892899	
TAPPAN, CHARLES S 5211 GULF OF MEXICO DR. APT. 302 LONGBOAT KEY, FL 34228		Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name Thelen, Gerald A.			
Street Address (P.O. Box Number is Not Acceptable) 5211 Gulf of Mexico Drive #105			
City Longboat Key		FL Zip Code 34228	
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 _____			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KORDIS, BILL 8831 MONTGOMERY RD CINCINNATI, OH 45236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900135962689 09/16/08--01018--012 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TAPPAN, CHARLES S 1150 W. 8TH ST., SUITE 255 CINCINNATI, OH 45203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerald A. Thelen <input type="checkbox"/> Change <input type="checkbox"/> Addition Secretary/Treasurer <input checked="" type="checkbox"/> <input type="checkbox"/> 2510 Dixie Highway Ft. Mitchell, KY 41017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, FRED 59 WINSTON HILL FT. THOMAS, KY 41075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 09-07-08 Daytime Phone #: 513-702-4633	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	