

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90027 044 ****70.00
 03-31-2002 90342 005 ****70.00

DOCUMENT # NO1000002160

1. Entity Name

COVENANT WAY PROPERTY OWNERS' ASSOCIATION, INC. ✓

Principal Place of Business

6215 LORRAINE ROAD
 BRADENTON FL 34202

Mailing Address

6215 LORRAINE ROAD
 BRADENTON FL 34202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0881073

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLADFELTER, LESLIE H
1023 MANATEE AVENUE WEST
BRADENTON FL 34205

Name **JERREE AMODIO**

Street Address (P.O. Box Number is Not Acceptable)

6215 LORRAINE RD

City

BRADENTON

FL

Zip Code

34202

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

Jerree Amodio

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

Jerree Amodio

(NOTE: Registered Agent signature required when reinstating)

8.7.02

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANAHY, THOMAS J	
STREET ADDRESS	6215 LORRAINE ROAD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHIOFALO, ANTHONY J	
STREET ADDRESS	6215 LORRAINE ROAD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, TIM	
STREET ADDRESS	6215 LORRAINE ROAD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert P	
STREET ADDRESS	6215 Lorraine Road	
CITY-ST-ZIP	Bradenton FL 34202	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert P	
STREET ADDRESS	6215 Lorraine Road	
CITY-ST-ZIP	Bradenton FL 34202	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert P	
STREET ADDRESS	6215 Lorraine Road	
CITY-ST-ZIP	Bradenton FL 34202	
TITLE	50	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERREE AMODIO	
STREET ADDRESS	6215 LORRAINE RD	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: X SIGNATURE REQUIRED

8/7/02

CR2E037 (4/02)