

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90031 002 \*\*\*\*70.00

DOCUMENT # N01000002160

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

54061949



**DO NOT WRITE IN THIS SPACE**

07022004 No Chg-NP CR2E037 (10/03)

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**

AMODIO, JERREE  
~~6215 LORRAINE RD~~ 8175 Lakewood Ranch Blvd.  
BRADENTON, FL 34202

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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 *Jerree Amodio*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/6/04  
DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
WEBER, ROBERT P  
6215 LORRAINE ROAD  
BRADENTON, FL 34202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
AMODIO, JERREE  
~~6215 LORRAINE ROAD~~ 8175 Lakewood Ranch Blvd.  
BRADENTON, FL 34202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARTIN, TIM  
6215 LORRAINE ROAD  
BRADENTON, FL 34202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 *Jerree Amodio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #