2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N01000002160

1. Entity Name COVENANT WAY PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 8175 LAKEWOOD RANCH BLVD Mailing Address

8175 LAKEWOOD RANCH BLVD

Apr 11, 2007 8:00 am Secretary of State 04-11-2007 90023 050 ****70.00

FILED

40056351

BRADENTON, FL 34202			BRADENTON, FL 34202			400	0000				
2 Principal Place of Business - No P.O. Box #			3. Majling Address COVENANT WAY			}					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03012007 Ch	ng-NP	CR2E03	7 (12/06)		
BRADENTON, FL			BRADENTON, FL			4. FEI Number Applied For 47-0881073 Not Applicable					
34202 CUSA			3A202	3AZOZ CUSA			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent	7. Name and Address of New Registered Agent							
AMODIO, 8175 LAKE BRADENT	WOOD R	ANCH BLVD 4202	Street Ac	Street Address (P.O. Box Number is Not Acceptable) AAOO COVENANT WAY							
			DEN LON	J	FL	54	202				
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 Signature, typed opinied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		e is \$61.25 lay 1, 2007		mpaign Financing Contribution.		\$5.00 May Be Added to Fees		lake check ida Depart			
10. ,	-	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIF	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14400 CC	ROBERT P OVENANT WAY TON, FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D /\	/			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	JERREE EWOOD RANCH BLVD TON, FL 34202	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 144	OO COVERV	'ANT U	YAL	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TIM OVENANT WAY TON, FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	√				Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE LA	VNELLY, 400 COVE 2ADENTO	BRIAN NANT IN FL	WAY 34Z	Change	Addition	
indicatéd	l on this repo	rt or supplemental report is	this filing does not qualify for true and accurate and that owered to execute this repor	my signature shall h	ave the	same legal effect as	if made under	oath; that I a	m an officer	or director	

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: