


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90059 023 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N03000009634</b>                                   |  |
| <b>1. Entity Name</b><br>COVEY RUN HOMEOWNERS' ASSOCIATION, INC. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>535 35TH AVENUE SW<br>VERO BEACH FL 32968 | <b>Mailing Address</b><br>535 35TH AVENUE SW<br>VERO BEACH FL 32968 |
|---|---|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |



MOORE CR2E037 (11/03)

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>BIRD, ROBERT N<br>535 35TH AVENUE SW<br>VERO BEACH FL 32968 |
|---|

|  |  |
|--|--|
| <b>4. FEI Number</b><br>68-0575596                               | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |
| <b>7. Name and Address of New Registered Agent</b>               |  |
| Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)               |  |
| City   | FL Zip Code  |

**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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---------------------------------|---|---|
| <b>TITLE</b><br>PD                          | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>BIRD, LAURA                  |                                 | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b><br>535 35TH AVENUE SW |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b><br>VERO BEACH FL 32968   |                                 | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b><br>VD                          | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>ROCK, JENNIFER               |                                 | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b><br>2950 1ST LANE SW   |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b><br>VERO BEACH FL 32968   |                                 | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b><br>STD                         | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>BIRD, WENDY                  |                                 | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b><br>4281 5TH PLACE SW  |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b><br>VERO BEACH FL 32968   |                                 | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b>                                | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                                 |                                 | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>                       |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>                          |                                 | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b>                                | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                                 |                                 | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>                       |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>                          |                                 | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b>                                | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                                 |                                 | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>                       |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>                          |                                 | <b>CITY-ST-ZIP</b>                                    |   |

**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:** Laura H. Bird 4/16/04 (772) 563-4927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #