

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90029 026 \*\*\*\*61.25

**DOCUMENT # N03000009634**

1. Entity Name  
**COVEY RUN HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**CONVEY RUN CT, SW  
VERO BEACH, FL 32968**

Mailing Address  
**P.O. BOX 650336  
VERO BEACH, FL 32968**

2. Principal Place of Business - No P.O. Box #  
**Covey Run Ct. SW**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**68-0575596**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**BIRD, ROBERT N  
1765 CONVEY RUN CT, SW  
VERO BEACH, FL 32968**

## 7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | BIRD, RICHARD          |  |
| STREET ADDRESS | 4281 5TH PL SW         |  |
| CITY-ST-ZIP    | VERO BEACH, FL 32968   |  |
| TITLE          | VD                     | <input type="checkbox"/> Delete            |
| NAME           | HARRIS, DIANE          |  |
| STREET ADDRESS | 6525 21ST ST, SW       |  |
| CITY-ST-ZIP    | VERO BEACH, FL 32968   |  |
| TITLE          | STD                    | <input type="checkbox"/> Delete            |
| NAME           | BIRD, LAURA            |  |
| STREET ADDRESS | 1765 CONVEY RUN CT, SW |  |
| CITY-ST-ZIP    | VERO BEACH, FL 32968   |  |
| 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"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | President             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Christopher Rock      |  |
| STREET ADDRESS | 1795 Covey Run Ct. SW |  |
| CITY-ST-ZIP    | VERO BEACH, FL 32968  |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| 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 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 changed, or on an attachment with an address, with all other like empowered.

*John M. Bw*

(Sec. Treas.)

1/16/08

772 562-2525