

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003934

FILED
Jul 14, 2005
Secretary of State

Entity Name: COVERED BRIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O MICHAEL A. GREAN
114 A PALM POINT CIRCLE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL A. GREAN
114 A PALM POINT CIRCLE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-1029857 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

JACKSON, THOMAS L
11845 165TH. RD. N.
JUPITER, FL 33478 US

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.

SIGNATURE: THOMAS JACKSON

07/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREAN, MICHAEL A
Address: 114 A PALM POINT CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: JACKSON, THOMAS A
Address: 114 A PALM POINT CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: GREAN, MAUREEN B
Address: 114 A PALM POINT CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS JACKSON

D

07/14/2005

Electronic Signature of Signing Officer or Director

Date