

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009549

FILED
Apr 30, 2009
Secretary of State

Entity Name: COVINGTON WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4883 GLOVER LN
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

4883 GLOVER LN
MILTON, FL 32570

New Mailing Address:

FEI Number: 20-8525738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
25 W GOVERNMENT ST
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, ALAN M
Address: 3625 HWY 182
City-St-Zip: JAY, FL 32565

Title: DV () Delete
Name: ROLLO, STEVEN B
Address: 5924 PINEY WOODS PL #40
City-St-Zip: MILTON, FL 32570

Title: DS () Delete
Name: MCLEOD, PAUL A JR.
Address: 8098 HIGHWAY 89 NORTH
City-St-Zip: MILTON, FL 32570

Title: DT () Delete
Name: WALTERS, CHRISTOPHER K
Address: 4883 GLOVER LN
City-St-Zip: MILTON, FL 32570

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:

Title: DT (X) Change () Addition
Name: WALTERS, CHRISTOPHER K
Address: 6011 JAYS WAY
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAUL A. MCLEOD, JR.

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04/30/2009

Electronic Signature of Signing Officer or Director

Date