

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003658

FILED
Apr 28, 2008
Secretary of State

Entity Name: COVINGTON PARK OF WINTER GARDEN OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5955 T. G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5955 T. G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 20-4675677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
5955 T. G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 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: DP () Delete
Name: DIVJAK, DAN
Address: 151 SOUTHALL LANE STE 200
City-St-Zip: MAITLAND, FL 32751

Title: DV () Delete
Name: PIAZZA, KETICA
Address: 151 SOUTHALL LANE STE 200
City-St-Zip: MAITLAND, FL 32751

Title: DST () Delete
Name: WRITE, MATTHEW
Address: 151 SOUTHALL LANE STE 200
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HALKOVIC, KRISTY
Address: 2293 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: DV (X) Change () Addition
Name: HARCOURT, LOWELL
Address: 2293 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: DST (X) Change () Addition
Name: ASHY, MARY
Address: 2293 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

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: KRISTY HALKOVIC

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date