

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50565

FILED  
Jul 13, 2006  
Secretary of State

**Entity Name:** COVINGTON COVE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

502 E. BRIDGERS AVE.  
AUBURNDALE, FL 33823 US

**New Principal Place of Business:**

116 COVINGTON COVE SE  
WINTER HAVEN, FL 33880 US

**Current Mailing Address:**

P.O. DRAWER 67  
AUBURNDALE, FL 33823

**New Mailing Address:**

116 COVINGTON COVE SE  
WINTER HAVEN, FL 33880

**FEI Number:** 59-3178312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

JACOBS, MILTON E  
502 E BRIDGERS AVENUE  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

RAY, KIMBERLY B  
116 COVINGTON COVE SE  
WINTER HAVEN, FL 33880 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: KIMBERLY B. RAY

07/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JACOBS, MILTON E  
Address: 502 E BRIDGERS AVENUE  
City-St-Zip: AUBURNDALE, FL 33823

Title: T ( ) Delete  
Name: CLAGGETT, MICHELLE  
Address: 117 COVINGTON COVE, SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: S (X) Delete  
Name: STRAUGHN, RICHARD E  
Address: 255 MAGNOLIA AVENUE  
City-St-Zip: WINTER HAVEN, FL 33883

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RAY, KIMBERLY B  
Address: 116 COVINGTON COVE SE  
City-St-Zip: WINTER HAVEN, FL 33880

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 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: KIMBERLY B. RAY

PD

07/13/2006

Electronic Signature of Signing Officer or Director

Date