2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State
09-16-2002 90099 048 ****61.25

DOCUMENT # N94000003206

1. Entity Name

COVENANT ASSOCIATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
~~501 E. OAK STREET~~ ~~SUITE F~~ ~~KISSIMMEE FL 34744~~ ~~US~~	1778 LISA LANE KISSIMMEE FL 34744 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1778 LISA LN	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
KISSIMMEE, FL	
City & State	City & State
Zip 34744 Country USA	Zip Country

4. FEI Number 59-3319090 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORMAN, AUSTIN D 501 E. OAK STREET SUITE F KISSIMMEE FL 34744	Name NORMAN, AUSTIN D Street Address (P.O. Box Number is Not Acceptable) 1778 LISA LANE City KISSIMMEE FL Zip Code 34744

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 Austin D Norman DATE 8/28/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be $236.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NORMAN, AUSTIN D 1778 LISA LANE KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VONDERHEIDE, SCOTT 501 E. OAK STREET, SUITE F KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T URBAN, WADE 501 E. OAK STREET, SUITE F KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (4/02)

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

SIGNATURE: Austin D Norman 8/28/02 407-343-5746

Date Daytime Phone #