


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000003206</b> 1. Entity Name COVENANT ASSOCIATION OF AMERICA, INC.		
Principal Place of Business 1778 LISA LANE KISSIMMEE, FL 34744 US	Mailing Address 1778 LISA LANE KISSIMMEE, FL 34744 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  NORMAN, AUSTIN D 1778 LISA LANE KISSIMMEE, FL 34744		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORMAN, AUSTIN D 1778 LISA LANE KISSIMMEE, FL 34744	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VONDERHEIDE, SCOTT 501 E. OAK STREET, SUITE F KISSIMMEE, FL 34744	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T URBAN, WADE 501 E. OAK STREET, SUITE F KISSIMMEE, FL 34744	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		
<b>SIGNATURE:</b> <u>Austin D Norman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-14-06 321-303-5543 <small>Date Daytime Phone #</small>



04142006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3319090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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04/29/06-80159-016 61.25

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