2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# N94000003206

Entity Name: COVENANT ASSOCIATION OF AMERICA, INC.

Current Principal Place of Business:

1778 LISA LANE
KISSIMMEE, FL 34744 US

New Principal Place of Business:

9375 STRONGBARK LANE
ORLANDO, FL 32832 US

Current Mailing Address:

1778 LISA LANE
KISSIMMEE, FL 34744 US

New Mailing Address:

9375 STRONGBARK LANE
ORLANDO, FL 32832 US

FEI Number: 59-3319090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN, AUSTIN D
1778 LISA LANE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

NORMAN, AUSTIN D
9375 STRONGBARK LANE
ORLANDO, FL 32832 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: AUSTIN D. NORMAN 02/12/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: NORMAN, AUSTIN D
Address: 1778 LISA LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete
Name: VONDERHEIDE, SCOTT
Address: 501 E. OAK STREET, SUITE F
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete
Name: URBAN, WADE
Address: 501 E. OAK STREET, SUITE F
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: NORMAN, AUSTIN D
Address: 9375 STRONGBARK LANE
City-St-Zip: ORLANDO, FL 32832 US

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 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: AUSTIN D. NORMAN T 02/12/2008
Electronic Signature of Signing Officer or Director Date