

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004728 (1)

1. Corporation Name

COVENANTS VILLAS RESIDENTS ASSOCIATION, INC.

Principal Place of Business

601 COVENANT DRIVE
BELLE GLADE FL 33430

Mailing Address

601 COVENANT DRIVE
BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1994

3a. Date of Last Report

05/10/1996

4. FEI Number

65-0547591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, MAE D
601 COVENANT DRIVE
BELLE GLADE FL 33430

81 Name

IRA FAULK

82 Street Address (P.O. Box Number is Not Acceptable)

83

601 COVENANT DRIVE

84 City

BELLE GLADE,

FL

85 Zip Code
33430

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Ilia D. Faulk*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CAMPBELL, MAE D
STREET ADDRESS 601 COVENANT DRIVE
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE VD ☐ DELETE

NAME ALLEN, SUSIE
STREET ADDRESS 601 COVENANT DRIVE
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE SD ☐ DELETE

NAME ROUSSEAU, MARIE
STREET ADDRESS 601 COVENANT DRIVE
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE TD ☐ DELETE

NAME LEE, BETTY
STREET ADDRESS 601 COVENANT DRIVE
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER ☐ Change ☒ Addition

1.2 NAME IRA FAULK
1.3 STREET ADDRESS 601 COVENANT DRIVE
1.4 CITY-ST-ZIP BELLE GLADE, FL 33430

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
8000002310528--3
-10/02/97--01114--003
*****61.25 *****61.25

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ilia D. Faulk*

8-26-97

APPROVED
AND
FILED

97 OCT -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (4/97)