

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005304

FILED
Apr 26, 2006
Secretary of State

Entity Name: COVINGTON ROW AT THE CRESCENT AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

COVINGTON ROW CRESCENT
P O BOX 9709
NAPLES, FL 34101 US

New Principal Place of Business:

Current Mailing Address:

COVINGTON ROW CRESCENT
P O BOX 9709
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-3416487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
BANK OF AMERICA CENTER
4501 TAMiami TRAIL N., SUITE 214
NAPLES, FL 341030000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FOSSELLA, DONNA
Address: 8448 ABBINGTON CIRCLE #1522
City-St-Zip: NAPLES, FL 34108 US

Title: DT () Delete
Name: LIVESEY, BILL
Address: 8460 ABBINGTON CIRCLE #1822
City-St-Zip: NAPLES, FL 34108 US

Title: DS () Delete
Name: LANG, BILL
Address: 8460 ABBINGTON CIRCLE #1821
City-St-Zip: NAPLES, FL 34108 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: KLEINFELD, MARTIN
Address: 8472 ABBINGTON CIRCLE #201
City-St-Zip: NAPLES, FL 34108 US

Title: DS (X) Change () Addition
Name: BESSETTE, PATRICIA
Address: 8464 ABBINGTON CIRCLE #191
City-St-Zip: NAPLES, FL 34108 US

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: DONNA FOSSELLA

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date