

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005304

FILED  
Apr 13, 2007  
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:**

COVINGTON ROW CRESCENT  
ABBINGTON CIRCLE  
NAPLES, FL 34101 US

**Current Mailing Address:**

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

**New Mailing Address:**

COLLIER FINANCIAL, INC.  
4985 TAMiami TRAIL E.  
NAPLES, FL 34113 US

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: KLEINFELD, MARTIN  
Address: 8472 ABBINGTON CIRCLE #201  
City-St-Zip: NAPLES, FL 34108 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FOSSELLA, DONNA  
Address: 8448 ABBINGTON CIRCLE #1522  
City-St-Zip: NAPLES, FL 34108 US

Title: TD (X) Change ( ) Addition  
Name: PERILSTEIN, JIM  
Address: 11365 BUENA VISTA  
City-St-Zip: LEAWOOD, KS 66211

Title: SD (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

04/13/2007

Electronic Signature of Signing Officer or Director

Date