

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005304

FILED
Apr 28, 2008
Secretary of State

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

Current Principal Place of Business:

COVINGTON ROW CRESCENT
ABBINGTON CIRCLE
NAPLES, FL 34101 US

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113 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.
999 VANDERBILT BEACH ROAD
SUITE 501
NAPLES, FL 34108 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: PD () Delete
Name: FOSSELLA, DONNA
Address: 8448 ABBINGTON CIRCLE #1522
City-St-Zip: NAPLES, FL 34108 US

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WISE, TOM
Address: 8464 ABBINGTON CIRCLE #1922
City-St-Zip: NAPLES, FL 34108

Title: TD (X) Change () Addition
Name: LANG, BILL
Address: 8460 ABBINGTON CIRCLE #1821
City-St-Zip: NAPLES, FL 34108

Title: SD (X) Change () Addition
Name: PARSELL, JOYCE
Address: 8444 ABBINGTON CIRCLE #1411
City-St-Zip: NAPLES, FL 34108 US

Title: D () Change (X) Addition
Name: PENDLETON, S
Address: 8444 ABBINGTON CIRCLE #1412
City-St-Zip: NAPLES, FL 34108

Title: D () Change (X) Addition
Name: ISERMANN, MIKE
Address: 8452 ABBINGTON CIRCLE #1622
City-St-Zip: NAPLES, FL 34108

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: TOM WISE

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date