

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006399

FILED
Jan 26, 2008
Secretary of State

Entity Name: COVINGTON PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PMB 169
4025 CATTLEMEN ROAD
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

PMB 169
4025 CATTLEMEN ROAD
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 59-3716923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNGER, JIM
PMB 169
4025 CATTLEMEN ROAD
SARASOTA, FL 34233 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: RAPPAPORT, GREGG
Address: 5554 NEW COVINGTON DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: VD () Delete
Name: CHAIT, JOHN
Address: 5513 NEW COVINGTON DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: SD () Delete
Name: ERNE, KAREN
Address: 5409 NEW COVINGTON DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: STANEK, DALE
Address: 5472 NEW COVINGTON DR.
City-St-Zip: SARASOTA, FL 34233

Title: TD () Delete
Name: CARPENTER, JUNE
Address: 5613 OAKSHIRE DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: UNGER, JIM
Address: 4025 CATTLEMEN RD. PMB 169
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JIM UNGER

VP

01/26/2008

Electronic Signature of Signing Officer or Director

Date