

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095616

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: COVENANT HOMES OF ST. AUGUSTINE, INC.

## Current Principal Place of Business:

3901 WINTERHAWK CT.  
SAINT AUGUSTINE, FL 32086

## New Principal Place of Business:

4 MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084

## Current Mailing Address:

3901 WINTERHAWK CT.  
SAINT AUGUSTINE, FL 32086

## New Mailing Address:

4 MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084

FEI Number: 59-3751098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRUDI, LISA  
3901 WINTERHAWK DRIVE  
SAINT AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

DRUDI, LISA PRES  
3901 WINTERHAWK DRIVE  
SAINT AUGUSTINE, FL 32086 US

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: LISA DRUDI

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DRUDI, LISA  
Address: 3901 WINTERHAWK DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T ( ) Delete  
Name: FORTSON, MARK  
Address: 26664 LITTLE JOHN CT, #92  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete  
Name: DRUDI, BONNIE M  
Address: 148 NESMITH AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP ( ) Delete  
Name: DRUDI, RICHARD III  
Address: 148 NESMITH AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

## 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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA DRUDI

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date