

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002010

Entity Name: VILLAS AT COVINGTON PARK HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 30, 2024
Secretary of State
8854564160CC**Current Principal Place of Business:**719 EAST PARK AVENUE
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 13089
TALLAHASSEE, FL 32317**FEI Number: 72-1608059****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCKEE, KAYLA
719 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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:** KAYLA MCKEE**04/30/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	DICKMAN, BILL
Address	P.O. BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	TREASURER
Name	BROWN, RANDY
Address	P.O. BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	MANAGER/AGENT
Name	MCKEE, KAYLA
Address	P.O. BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	SECRETARY
Name	RAKESTRAW, ANNE
Address	P.O. BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	VP
Name	CREEL, WAYNE
Address	P.O. BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	JONES, LAURA
Address	P.O. BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

I hereby 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 all other like empowered.

SIGNATURE: KAYLA MCKEE**MANAGER****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date