

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000122873

**Entity Name:** COVENANT HOMES, INC.**Current Principal Place of Business:**10339 KEY LANTERN DR  
NEW PORT RICHEY, FL 34654**Current Mailing Address:**10339 KEY LANTERN DR  
NEW PORT RICHEY, FL 34654**FEI Number:** 51-0605339**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, DAVID  
10339 KEY LANTERN DR.  
NEW PORT RICHEY, FL 34654 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	WILLIAMS, SCOTT
Address	10339 KEY LANTERN DR
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	V
Name	WILLIAMS, DEAN
Address	10339 KEY LANTERN DR.
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	T
Name	WILLIAMS, SARAH
Address	10339 KEY LANTERN DR.
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	VP
Name	WILLIAMS, DAVID
Address	10339 KEY LANTERN DR.
City-State-Zip:	NEW PORT RICHEY FL 34654

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

**SIGNATURE:** DAVID WILLIAMS

VICE PRESIDENT

01/15/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date