FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:26

DOCUMENT # 736699 (0)

1. Corporation Name
PROPERTY OWNERS OF GULF COVE, INC.

Principal Place of Business	Mailing Address
12565 FELDMAN AVE. PORT CHARLOTTE FL 33981	12565 FELDMAN AVE. PORT CHARLOTTE FL 33981

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1976
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1709441 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21):
2a. Mailing Address (26): P.O Box 27112
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28): EL JOBEAN FL
Zip (24): Country (25):
Zip (29): 33927 Country (30):

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WICHERT, MRS MURL
12565 FELDMAN AVE.
PORT CHARLOTTE FL 33981

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Murl Wichert 1/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	EMERSON PAGE	1.2 NAME	Chet Van Aken
STREET ADDRESS	5214 NORLANDER	1.3 STREET ADDRESS	2361 Risken Terr.
CITY-ST-ZIP	PT. CHARLOTTE FL	1.4 CITY-ST-ZIP	Port Charlotte, FL 33981
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	KUHLMAN, CLAIRE	2.2 NAME	
STREET ADDRESS	5738 DAVID BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	CARRAHER, DOLORES	3.2 NAME	Rose Wallace
STREET ADDRESS	6094 GILLOT BLVD.	3.3 STREET ADDRESS	4171 Attaway Lane
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	3.4 CITY-ST-ZIP	Port Charlotte, Fl. 33981
TITLE	T	4.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	MARILYN ANDERSON	4.2 NAME	Hildegard Clark
STREET ADDRESS	5446 STOKES	4.3 STREET ADDRESS	5206 Hopkins Ave.
CITY-ST-ZIP	PT. CHARLOTTE FL	4.4 CITY-ST-ZIP	Port Charlotte, Fl. 33981
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RANDALL MOORE	5.2 NAME	
STREET ADDRESS	5584 GILLOTT BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT BROWN	6.2 NAME	
STREET ADDRESS	5185 NEVILLE TERR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hildegard R. Clark-Treas. Hildegard R. Clark 3/16/95 698-0677.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062184