FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1996

736699

FILED May 01 1996 8:00 am Secretary of State

DOCU 1. Corporation	MENT # 73669	9 (0)			Secretary	or State	
PROPERTY OWNERS OF GULF COVE, INC.							
Principal Place of Business Mailing Address						LI BYÐU BUÐU ÐIÐU ÐIÐU ÐIÐU ÐIÐU ÐIÐU ÍÐU	
12565 FELDMAN AVE. P. O. BOX 27112 PORT CHARLOTTE FL 33981 EL JOBEAN FL 33927 US							
					3. Date Incorporated or Qualified 08/27/1976	3a. Date of Last Report 03/22/1995	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 59-1709441	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			33 (70344)	Not Applicable	
27					Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Bo	
Zip	Country	28			Trust Fund Contribution	Added to Fees	
24	Country 25	Zip 29	Country	•	8. This corporation has liability for inta		
<u> </u>	9. Name and Address of Curren	1==1	30		Florida Statutes 10. Name and Address of New Region	Yes No	
			81	Name	To the did needed of their flogs	alaten Ageitt	
WICHER	rt, Mrs Murl		82	Stroot	Address (P.O. Box Number is Not Acceptable)		
12565 FELDMAN AVE.			02	Silectiv	-duress (F.O. box number is not acceptable)		
PORT C	CHARLOTTE FL 33981		83				
			84	City		85 Zip Code	
11. Pursuant	to the provisions of Sections 617 0502	and 617 1609. Florida Statut	an the observe			FL	
				oration's l	rporation submits this statement for the purpos poard of directors. I hereby accept the appoint	e of changing its registered offic ment as registered agent. I am	
SIGNATURE	ith, and accept the obligations of, Secti	ori 617,0503, Fiorida Statutes	i.			•	
	Signature, typed or printed name of registered again		TE: Registered Ager	il signature re	quired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
NAME	CHET VAN AKEN	DELETE	1.1 THLE			Change Addition	
STREET ADDRESS	2361 RISKEN TERR.		1.2 NAME	1000500			
CITY-ST-ZIP	PORT CHARLOTTE FL		1.3 STREET	- 1			
TITLE	V	DELETE	1.4 CITY - S 2.1 TITLE	1-217	v	Change Addition	
NAME	KUHLMAN, CLAIRE	•	22 NAME		Leroy Beck	A Change	
STREET ADDRESS	5738 DAVID BLVD.		2 3 STREET	ADDRESS	5464 Mahoney St		
CITY-ST-ZIP	PT CHARLOTTE FL		2 4 CITY - S	ST-ZIP	Port CharlotteF1		
TITLE	S BOOK WALLOS	DELETE	3.1 TITLE		S	Change	
NAME	ROSE WALLCE		3 2 NAME		Joy Eckbreth	**	
STREET ADDRESS	4171 ATTAWAY LANE PORT CHARLOTTE FL		3.3 STREET	ADDRESS	5217 Boyle Terrace		
CITY-ST-ZIP TITLE	T	DELETE	3 4. CITY - S	IT-ZIP	_ Port Charlotte Fl	·	
NAME	HILDEGARD CLARK		4.1 TITLE	1		Change Addition	
STREET ADDRESS	5206 HOPKINS AVE.		4 2 NAME 43 STREET	*DDBtec			
CITY-ST-ZIP	PROT CHARLOTTE FL		4.4 CITY - S				
TITLE	D	DELETE	51 TITLE		D	Change Addition	
NAME	RANDALL MOORE	÷*	5.2 NAME		Claire Kuhlman	~ = \$:	
STREET ADDRESS	5584 GILLOTT BLVD		5 3 STREET	ADDRESS	5738 David Blvd		
CITY-ST-ZIP	PT. CHARLOTTE FL		5.4 CITY - ST	r- ZIP	Port Charlotte F1		
TITLE	DODERT PROMAI	DELETE	6 1 TITLE		D	Change Addition	
NAME STOCKY ADDRESS	ROBERT BROWN		6 2 NAME		Lenny Boutiette	-	
STREET ADDRESS	5185 NEVILLE TERR. PT. CHARLOTTE FL		6 3 STREET		5244 Early Terr.		
CiTY-ST-ZIP	TI. OTHERLOTTE PL		64 CITY-ST	- ZIP	Port Charlotte F1.		

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)(k). 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:

941-698-0677

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