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Apr 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 736699 (0)

1. Corporation Name

PROPERTY OWNERS OF GULF COVE, INC.



Principal Place of Business

12565 FELDMAN AVE.
PORT CHARLOTTE FL 33981

Mailing Address

P. O. BOX 27112
EL JOBEAN FL 33927-7112
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
08/27/1976

3a. Date of Last Report
05/01/1996

4. FEI Number

59-1709441

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME CHET VAN AKEN
STREET ADDRESS 2361 RISKEN TERR.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE V ☒ DELETE
NAME BECK, LEROY
STREET ADDRESS 5464 MAHONEY ST
CITY-ST-ZIP PT CHARLOTTE FL

TITLE S ☐ DELETE
NAME ECKBRETH, JOY
STREET ADDRESS 5217 BYLE TERR
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE T ☒ DELETE
NAME HILDEGARD CLARK
STREET ADDRESS 5206 HOPKINS AVE.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ DELETE
NAME KUHLMAN, CLAIRE
STREET ADDRESS 5738 DAVID BLVD
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE D ☐ DELETE
NAME BOUTIETTE, LENNY
STREET ADDRESS 5244 EARLY TERR
CITY-ST-ZIP PT. CHARLOTTE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME White, Norman
2.3 STREET ADDRESS 2369 Risken Terr.
2.4 CITY-ST-ZIP Port Charlotte, F.

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T ☐ Change ☒ Addition
4.2 NAME Anderson, Marilyn
4.3 STREET ADDRESS 5446 Stokes ST.
4.4 CITY-ST-ZIP Port Charlotte, FL.

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)