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Feb 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

12565 FELDMAN AVE.
PORT CHARLOTTE FL 33981

P. O. BOX 27112
EL JOBEAN FL 33927
US



3. Date Incorporated or Qualified

08/27/1976

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

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

TITLE V ☒ DELETE

NAME WHITE, NORMAN
STREET ADDRESS 2369 RISKEN TERR
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 ANDERSON, MARILYN
STREET ADDRESS 5446 STOKES ST
CITY-ST-ZIP PROT CHARLOTTE FL

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME BOUTINETTE, LENNY
STREET ADDRESS 5244 EARLY TERR
CITY-ST-ZIP PT. CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

Biacchi, Louis
5929 Gillot Blvd.
Port Charlotte, Fl. 33981

Lesley, Peggy
5052 Duprell Terr.
Port Charlotte, Fl. 33981

14. I 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.

SIGNATURE:

Marilyn Anderson

2-19-98 (940) 97-3458

CP2E037 (10/97)