



736699  
Property Owners of Gulf Cove, Inc.

Port Charlotte, Florida 33981

FILED  
99 APR 29 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

23 March 1999

Secretary of State for Florida  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

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-04/29/99--01087--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

In accordance with Section 617.0512, "Change of registered office or registered agent; resignation of registered agent", Florida Not for Profit Corporation Act, the following change is reported :

a. Organization:	Property Owners of Gulf Cove (POGC)
b. Address of POGC	PO Box 27112, El Jobean, Fl 33927
c. Current Registered Agent	Murl Wichert (Deceased, 1 March 1999)
d. New Registered Agent	Marilyn Anderson (See Statement Below)
e. Address of Registered Agent	5446 Stokes St., Port Charlotte, Fl 33981
f. Authorization for Change	Change approved by Board of Directors at a Regular Meeting on 16 March 1999.
g. Charter Number for POGC	736699
h. Date Filed in Tallahassee, Fl	27 August 1976

STATEMENT: I, Marilyn Anderson, accept the appointment made by the POGC Board of Directors on 16 March 1999, designating me as the Registered Agent for that Organization, in accordance with Section 617.0502, of Florida Not for Profit Corporation Act.

*Marilyn Anderson*  
MARILYN ANDERSON

The above information submitted on behalf of the Property Owners of Gulf Cove by the Undersigned.

*Chetwood G. Van Aken*  
CHETWOOD G. VAN AKEN  
President POGC

RA Chg.

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MAY 5 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 29, 1999

Property Owners of Gulf Cove, Inc.  
P.O. Box 27112  
El Jobean, FL 33927

SUBJECT: PROPERTY OWNERS OF GULF COVE, INC.  
Ref. Number: 736699

We have received your document for PROPERTY OWNERS OF GULF COVE, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file this document is \$35.

You should complete the enclosed form or add a statement to your document that the street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 299A00015591

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: PROPERTY OWNERS OF GULF COVE, INC

2. The mailing address of the corporation is: 5446 STOKES STREET  
PORT CHARLOTTE, FL 33981

3. Date of incorporation/qualification: 27 AUG '76 Document number: 736699

4. The name and address of the current registered agent and office:

MURK WICKERT  
12665 FELDMAN AVE.  
PORT CHARLOTTE, FL 33981

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

MARILYN ANDERSON  
5446 STOKES STREET  
PORT CHARLOTTE, FL 33981

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Chetwood G. Van Allen  
(Signature of an officer, chairman or vice chairman of the board)

26 April 1999  
(Date)

CHETWOOD G. VAN ALLEN  
PRESIDENT (Printed or typed name and title) POGC

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Marilyn Anderson  
(Signature of Registered Agent)

4-26-99  
(Date)

If signing on behalf of an entity

MARILYN ANDERSON  
(Typed or Printed Name)

Board Member  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*